Christopher J. McMellen, MD
Orthopedic Sports Medicine

DISTAL RADIUS FRACTURE WITH OPEN REDUCTION INTERNAL FIXATION
POST OPERATIVE PROTOCOL

	Approximate Time Frame	Activity	Goals
PHASE I	0-2 weeks	**ROM:** digital ROM only while in post operative dressing **MANUAL:** NA **EXERCISE PROGRESSION:** NA **ACTIVITY PROGRESSION:** • No lifting, loading or heavy exercise while in post op dressing	Maximize environment for healing, manage digital edema
PHASE II	2-6 weeks	**Custom thermoplastic, volar based, forearm length, wrist splint** **ROM:** • Gentle wrist and forearm ROM advancing to gentle PROM/stretch to tolerance. • Maintain digital, elbow and shoulder ROM and differential tendon glide **MANUAL:** • Scar management • Manual edema massage • Soft tissue and myofascial restriction release with gentle therapist driven stretch to maximize ROM. **EXERCISE PROGRESSION:** • Initial AROM of involved joints progressing to gentle pain free PROM and stretching as tolerated, no strengthening or loading (CKC).	Initiate restorative intervention **ACTIVITY PROGRESSION:** • increase functional use for light pain free activities of daily living. • Splint may be removed for seated non resistive activities that are less strenuous than HEP. • For short sessions lifting restriction of 1lb
PHASE III	6-10 weeks	**ROM:** • Continue to advance end range stretching techniques to normalize ROM **STRENGTH:** • Initiate light hand strengthening to tolerance in this phase. • Later phase wrist and forearm PREs **MANUAL:** • Continued scar management • Manual edema massage • Soft tissue and myofascial restriction release with progressive Therapist driven stretch to maximize ROM. • Grade 1-3 joint mobilization indicated when capsular pattern is present in pain free fashion **EXERCISE PROGRESSION:** • End range stretching to normalize functional ROM dominates this phase with progression to PREs	Restore ADL function **ACTIVITY PROGRESSION:** • Continue gradually increase functional use of UE for day to day tasks, participation should progress in concordance with therapy programming. • Splint is weaned initially for all ADL function, then at night and finally complete DC between 9-10 weeks post op. • A highly active population may need to continue splint use for longer periods during high risk activities

PHASE IV	10+ weeks	**ROM:** • Continue to advance end range stretching techniques to normalize ROM **STRENGTH:** • Interventions focus on higher load strengthening • Closed chain weight bearing • Proprioceptive/kinesthetic and NMR in dynamic functional movement patterns to return patient to full functional status **MANUAL:** • Continued scar management • Manual edema massage • Soft tissue and myofascial restriction release with progressive therapist driven stretch to maximize ROM. • Continue with graded joint mobilizations when indicated including grade 4 mobs and high velocity manipulation in late phase **Exercise Progression:** • HEP progression including graded CKC to return patient to premorbid activity levels with adaptation and AE PRN. • Clearance for return to sport with MD approval at 12 weeks post operative appointment	Restore premorbid occupational function **ACTIVITY PROGRESSION:** • return to daily activities at premorbid level in phase IV with MD clearance to return to sport at final follow up. • Pain and limitations may indicate use of adaptive equipment and techniques to restore function. DC from therapy when appropriate