

Distal Radius Fracture ORIF Rehabilitation Protocol

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Patient: _____ **DOS:** _____

Surgeon Parameters

Post-op splint duration <u>14</u> days	Removable brace until <u>6</u> wks	PROM initiation <u>2</u> wks
Other Precautions:		

Parameters above are patient-specific and supersede the general timeframes below. In general, the post-op volar slab splint is removed at the 10–14 day visit, at which point the patient transitions to a removable wrist brace and passive/active wrist and forearm motion is initiated. Strengthening is generally deferred to 4–6 wks, contingent on pain-free ROM. Therapist to use clinical judgment to individualize exercise selection and pace within each phase.

Phase	Goals	Precautions	Treatment Focus
Phase 1 Weeks 0–2	Goals - Protect fixation and incision; control pain/edema - Full composite fist and thumb opposition by splint removal - Maintain elbow/shoulder mobility	Precautions - Volar slab splint full-time until 10–14 day visit; keep clean, dry, and elevated - Non-weight bearing; no lifting, pushing, pulling, or forceful gripping - Report disproportionate pain/swelling, numbness in median nerve distribution, or splint tightness	Treatment Focus - Elevation above heart level; ice PRN - Active finger/thumb ROM ~5–6x/day: tendon glides, composite fist, intrinsic-plus, thumb opposition - AROM elbow and shoulder daily to prevent proximal stiffness - Primarily home program; formal therapy typically begins at splint removal
► Advance to Phase 2 when: splint removed at 10–14 day visit, incision healing/sutures removed, finger ROM near full, edema controlled.			
Phase 2 Weeks 2–6	Goals - Transition to removable brace - Restore functional wrist and forearm ROM, progressing toward contralateral symmetry - Resolve edema and scar adhesion - Light functional use for ADLs	Precautions - Brace worn except for hygiene/exercise; wean per parameters above - Non-weight bearing; light ADLs only (~1–2 lbs, e.g., coffee cup) - PROM gentle and pain-free; no forceful manipulation - No resisted strengthening before timing above; initiate only with pain-free ROM If DRUJ/styloid fixation: forearm rotation per limits above; avoid forced end-range supination/pronation	Treatment Focus - AROM/AAROM wrist flexion/extension, radial/ulnar deviation, pronation/supination, dart-thrower's motion - Gentle PROM and low-load stretching once cleared at splint removal - Continue tendon glides and thumb ROM - Scar massage/desensitization once incision healed; retrograde massage/compression glove for edema - At 4–6 wks if pain-free: submax wrist/forearm isometrics, soft putty grip
► Advance to Phase 3 when: pain-free AROM progressing toward functional arc, minimal edema, radiographic healing confirmed at ~6 wk follow-up.			

Phase	Goals	Precautions	Treatment Focus
Phase 3 Weeks 6–12	Goals - Full/near-full ROM vs. contralateral - Progressive grip, wrist, and forearm strength - Restore weight bearing through the wrist - Independent ADLs; return to light work duties	Precautions - Discontinue brace (may use for heavy tasks/crowds) - Progress load gradually; back off if pain/swelling persists >24 hrs - Weight bearing progression per parameters above If intra-articular: defer weight bearing on extended wrist until ≈10–12 wks or surgeon cleared - No impact or heavy loading until Phase 4	Treatment Focus - Joint mobilization (radiocarpal, midcarpal, DRUJ) and low-load prolonged stretch for residual stiffness - Progressive resisted wrist/forearm strengthening (curls, hammer rotation, RD/UD), 2–3 sets x 10–15 - Grip/pinch progression; track dynamometer vs. contralateral - Closed-chain progression: tabletop → wall → quadruped → modified push-up - Proprioceptive/neuromuscular drills; proximal UE strengthening
► Advance to Phase 4 when: pain-free functional ROM, grip ≥75% contralateral, tolerates full weight bearing on extended wrist, radiographic union.			
Phase 4 Weeks 12–24	Goals - Grip and wrist strength ≥90% contralateral - Return to full work, sport, and impact activity - Restore power and endurance	Precautions - Criteria-based, not time-based alone - Non-impact sport after ≈12 wks; contact/high-impact sport ≈3–4 months with surgeon clearance - Consider brace/taping initially for contact or weight-bearing sport	Treatment Focus - Advanced strengthening (free weights, eccentric forearm work) - Plyometrics: wall/ball toss, push-up progression - Sport- and work-specific simulation at progressive load/speed - Functional testing: grip dynamometer, push-up tolerance, QuickDASH/PRWE
► Full Release (typically 3–4 months / 12–16+ wks): pain-free functional ROM, grip ≥90% contralateral, tolerates full weight bearing/push-up, radiographic union, sport/work-specific progression completed, cleared by physician.			

Special Considerations

- Notify surgeon promptly for disproportionate pain, swelling, stiffness, or skin/temperature changes (CRPS); persistent median nerve symptoms; loss of thumb IP extension (EPL rupture) or tendon irritation over hardware.

Thank you for taking care of our patient.

This protocol serves as a general guideline and outline only. Our team defers to the clinical judgment and expertise of the treating physical therapist to make appropriate adjustments and modifications based on the individual patient's presentation, progress, and response to treatment. For any questions regarding this protocol, please contact Dr. Wollenman directly at (561) 215 – 0184.