

Both-Bone Forearm Fracture ORIF Rehabilitation Protocol

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Patient: _____ **DOS:** _____

Surgeon Parameters

DRUJ / Galeazzi or Monteggia injury: ☐	Other Precautions:
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Parameters above are patient-specific and supersede the general timeframes below. Loading advances with radiographic healing and surgeon clearance.

Phase	Weight Bearing & Immobilization	Motion	Strengthening & Function
Phase 1 Weeks 0–2	Weight Bearing & Immobilization - Post-op splint until the 10–14 day visit; elevate - No lifting or weight bearing through the hand	Motion - Finger and thumb AROM (composite fist) hourly - Shoulder AROM	Strengthening & Function Edema control
► Advance to Phase 2 when: splint removed at the 10–14 day visit, incision healed.			
Phase 2 Weeks 2–6	Weight Bearing & Immobilization - Removable wrist splint for comfort and outings - Lifting ≤1–2 lb	Motion - Elbow, wrist, and forearm rotation AROM/AAROM - Gentle PROM from 4 wks If DRUJ / Galeazzi / Monteggia: splinting and rotation limits per Other Precautions	Strengthening & Function - Light grip (putty) and wrist isometrics from 4 wks - Scar management
► Advance to Phase 3 when: progressive healing on 6-wk radiographs, functional ROM progressing.			
Phase 3 Weeks 6–12	Weight Bearing & Immobilization - Splint discontinued - Lifting ≤5 lb to 8 wks, then progress; weight bearing through the hand from 8 wks	Motion Full ROM; joint mobilization as needed	Strengthening & Function - Progressive grip, wrist, forearm, and elbow strengthening - Work- and sport-specific tasks
► Full Release (typically 3 months / 12 wks): radiographic union, full pain-free rotation, grip approaching the other side, cleared by physician. Contact sport once united (typically 3–4 months). Rotation that plateaus or worsens despite therapy — contact the surgeon (possible radioulnar synostosis).			

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.