

DISTAL RADIUS FRACTURE

Open Reduction Internal Fixation with volar locking plate

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Instructions to patient: Take this written protocol to your therapist. If you do not have therapy scheduled to start within 1 week of seeing Dr. Metzger, please call Dr. Metzger's office so that any problems or conflicts can be resolved and therapy can start. Dr. Metzger thinks that therapy is very important to your good recovery, and that your outcome will not be as good if you do not have the therapy as prescribed.

The volar locking plate generally provides very secure fixation and allows most patients to recover full motion by 6-8 weeks and full strength by 10-12 weeks, when applied to minimally comminuted, extra-articular fractures. For more severe fractures, the Distal Radius Fracture, ORIF with DVR plus protocol should be used.

Week 1

- Splint placed in OR on full-time
- Finger ROM
- OT to start week 2

Week 2-4

- Remove splint in my office and place removable splint
- Modalities as needed for pain, but should be minimal
- Do *not* use compression garments at any time
- Splint may be removed 3 times per day for exercises, plus bathing
- Exercises consist of:
 - Finger full ROM
 - Thumb opposition
 - Wrist ROM flexion / extension / pronation / supination / painter's (dart-throwing) motion
 - Elbow AROM
- No PROM wrist
- PROM fingers / thumb if needed after 1 week

Week 4-8

Goal is to recover wrist motion and grip strength

- Continue week 2-4 as indicated by lack of progress as fingers / thumb should have full ROM and wrist should be at least 30 / 30 flex / ext
- Splint worn prn, but must be worn during use of hand / wrist or at work
- Light PROM to improve wrist ROM
- Early grip strengthening

- Scar massage / desensitization may rarely be needed

Week 8-12

- In the unusual case of poor progress with ROM (flexion $<40^\circ$, extension $<30^\circ$ at end of week 6, initiate exercises 3x/day:
 - Prayer, pushing on table or wall
 - Reverse prayer, flexion over side of table
 - Painter's motion
 - Pronation usually not needed as it recovers naturally pretty well. If lacking, aggressively work this as it is very important.
 - Supination (hammer, under-hand thenar grab by patient with other hand)
 - Finger / thumb patient assisted passive flexion as needed
- Grip strengthening without restriction
- Dynamic splinting after week 12, if less than 40° flexion and 30° extension