

# DISTAL RADIUS FRACTURE

## External Fixation

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*In my practice, external fixation is only used in the most severe, comminuted, intra-articular fractures. These will not recover as quickly or completely as routine fractures treated with DVR plate internal fixation only.*

### Week 1-6

- Begin pin site care 2-3 times per day
- Begin AROM of the thumb and fingers
- Begin elbow AROM, including pronation and supination
- Monitor and initiate shoulder AROM, particularly with the elderly population
- Remove all sutures at end of week 2

### Week 6-12 (after fixator removal)

Goal is to recover wrist motion and grip strength

- Fixator almost always removed after 6 weeks, either in my office or in the OR
- Modalities as needed for pain, but should be minimal
- Do *not* use compression garments at any time
- Removable splint, applied in office, full time except bathing, when in therapy, and 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
  - Continue AROM of thumb and fingers, aggressive thumb and finger passive stretching until full, easy motion
  - Elbow stretching occasionally needed, usually to regain extension
  - Grip strengthening

### 12-16 weeks

- D/C splint
- Terminal ROM stretches without restriction
- Dynamic splinting if less than 40 flexion and 30 extension
- Grip strengthening without restriction

*Comments: Once external fixator is removed, the order of importance of motions is: finger flexion, thumb opposition, wrist pronation, wrist extension, wrist flexion, wrist supination, elbow extension. Allot time as appropriate depending on*

*patient's progress with these motions. Start strengthening as soon as FROM is achieved.*