



Town Center

ORTHOPAEDICS

Baris Yildirim, MD

HAND & WRIST SURGERY

UPPER EXTREMITY SURGERY

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Distal Radius Fracture Protocol *(non-operative/operative border)*

- Elevate and Ice the splint rigorously, 20 minutes on, 20 minutes off during the day to reduce the swelling. NSAIDs as needed.
- 0-2 weeks: remain in ED splint. Begin finger ROM and gentle shoulder movements.
- Repeat X-ray at 2 weeks in splint. If splint fitting well, keep on for additional week and re-wrap. If loose, going to fingers, or poorly fitting, change to short arm cast. Potential discussion for surgery if fracture alignment changes or patient is having severe pain.
- Patient education for Vitamin D/Calcium, DEXA scan/fragility fracture workup, smoking cessation.
- Repeat X-ray at 3 weeks out of splint or in cast. If in splint and fracture alignment stable, change to short arm cast. Check fitting of cast and change if loose. Start elbow ROM (flexion, extension, rotation) and continue finger ROM until normal.
- Repeat X-ray at 4 weeks. Check fitting of cast and change if loose.
- Repeat X-ray at 6 weeks out of cast. If fracture alignment stable, place into removable splint. If evidence of early healing and callus formation, start gentle active wrist ROM. No lifting/pushing/pulling > 5 lbs.
- Repeat X-ray at 10 weeks. Wean out of removable splint and begin passive wrist ROM in addition to active. Begin strengthening as tolerated. No lifting/pushing/pulling > 10 lbs. Start work conditioning if manual labor occupation or return to sport protocol.
- 3-6 months: Advance strengthening and lifting as tolerated. Full function usually takes at least 6 months and up to 2 years to achieve.