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**Distal Radius Fracture and Repair
Rehab Protocol**

The surgeon must specify on the referral any specific recommendations or deviations outside this protocol.

Phase I	Phase II	Phase III	Phase IV	Phase V
0-2 Weeks Post-Op	2 Weeks Post-Op	2-6 Weeks Post-Op	6 Weeks Post-Op	12 Weeks Post-Op
General Information: -Post-op dressing intact Clinical Implications: -Pt to begin finger ROM and forearm rotation	General Information: -First MD post-op visit -Post-op dressing removed at appt -Pt fitted with removable splint Clinical Implications: -Continue finger ROM, forearm rotation, elbow and shoulder ROM as needed -Include intrinsic stretches in home program -Initiate thumb IP blocking exercises, especially with volar plating -Utilize edema reduction techniques including isotoner glove, edema mobilization, kinesiotape -Begin scar management -Monitor for signs of CRPS and if present begin desensitization techniques -Include patient education including: fracture precautions, anatomy, progression of bone and wound healing, implications of scar formation and immobilization Frequency of Therapy: -1 time per week for the first 6 weeks	Clinical Implications: -Begin gentle wrist AROM at 4 weeks -Continue finger, elbow and shoulder ROM -Continue forearm rotation ROM -Utilize scar management techniques Frequency of Therapy: -1 time per week	General Information: -Wean from splint Clinical Implications: -Begin wrist PROM -Begin gentle weight bearing (with MD clearance) Frequency of Therapy: -2-3 times per week	Clinical Implications: -May begin strengthening if needed