

Dr. Robert Wysocki

Distal Radius Fracture – Volar Plating

3-5 Days:

Splint: The patient is seen in occupational therapy and the postoperative dressing is removed and the patient provided with a removable custom-molded forearm based wrist splint in 25 degrees wrist extension to be worn full-time except for hygiene.

Motion: Full active and passive range of motion of the digits is emphasized.

EARLY MOTION PROTOCOL: the immobilization above is continued as resting splint, but gentle active and active-assisted range of motion is initiated. Passive motion is initiated at 3 weeks.

STANDARD PROTOCOL: the immobilization above (or cast immobilization may be used in some patients) is continued with no wrist range of motion until 6 weeks post-operatively. Then, both active and passive motion commences.

SUPINATION PROTOCOL: a long-arm custom mold splint in a position of full supination for protection of the DRUJ, is worn for the first 4 weeks. At 4 weeks, these patients are then fitted with a forearm based wrist splint and assume the EARLY MOTION PROTOCOL above.

10-14 Days:

Sutures are removed. Scar massage is emphasized and is initiated as soon as sutures were removed.

6 Weeks: If patient demonstrates union:

Splint: Splint is progressively weaned off as tolerated over 1-2 weeks unless otherwise stated. The splint should be continued in at risk activities to 10 wks

Motion: As above, may consider static or dynamic splinting if indicated. Gradual progressive strengthening is added as tolerated.

10 Weeks:

Full activity as tolerated without immobilization