SPORTS MEDICINE ASSOCIATES
Any Athlete. Any Injury. Anytime.®

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POST-OP DISTAL RADIUS ORIF

	Therapy Goals:	Precautions:	Therapy Focus
Phase I – Immediate Post Surgical Phase (Day 1-10):	• Initiate early range of motion (ROM) digits, elbow and shoulder • Minimize edema	Non-weight bearing (NWB) to involved upper extremity No lifting, pushing, pulling or forceful gripping	• Fabricate a custom volar wrist orthotic or issue a prefabricated wrist cock up as indicated by surgeon. • Educate patient on ROM to digits/thumb/elbow/shoulder • Educate patient on edema management: arm elevated above heart when resting or sitting. Frequent AROM of digits throughout the day as tolerated. A sling is avoided to prevent shoulder stiffness.
Phase II – Protection Phase (day 11-week 5):	• Focus therapeutic exercise on increasing ROM to wrist and forearm • Initiate light functional use of extremity with splint on. • Set schedule to wean use of splint at end of phase II: begin coming out of splint for 1-2 hours/day as tolerated, starting week 4-5 until out of splint completely during the day; continue to wear for heavier activities as needed (e.g. vacuuming, heavier lifting) • Increase grip strength through therapeutic exercise and functional tasks.	NWB to involved upper extremity	Criteria for progression to the next phase: Improving wrist/forearm ROM with minimal to no pain: ROM measurements taken weekly to assess progression of ROM without increase in pain DAYS 11-14: • Active ROM (AROM) initiated to wrist and forearm: ROM as tolerated for patient level of comfort. Mild discomfort is expected. • Edema management: ongoing use of elevation, ice, Coban, compression garments, Kinesiotape • Orthotic should be worn at all times except hygiene and exercises • Initiate light functional use of involved extremity with orthotic

			in place. WEEKS 3-6: • A, A/AROM to wrist/forearm • Start to wean from splint at week 4-5, continue to wear for heavier activities • Initiate scar management after sutures removed and incision well healed: massage, scar pad as indicated • Assess grip/pinch strength and start strengthening of grip/pinch as indicated • Progress with functional activities as tolerated: patient to start with lighter tasks such as dressing, grooming, and self feeding; progressing to laundry, dishes, light housework as tolerated according to comfort level with task.
Phase III – Intermediate phase (Week 6-12):	• Regain ROM wrist/forearm • Regain functional strength of extremity as evidenced by ability to return to previous level of function; Functional Outcome measurement (e.g. QuickDASH) • Return to previous level of function and independence in basic/instrumental activities of daily living (I/ADLs).	• Patient can start gentle weight bearing on involved extremity: Begin with weightbearing on tabletop or counter top then progress to wall and quadruped as tolerated.	WEEKS 6-12: • Wean use of orthotic to at night and in crowds (as needed) until week 8; discontinue static orthotic by week 8. • Initiate use of static progressive orthotic (if indicated) per surgeon orders. • Progress integration of involved extremity into functional activities without orthotic. • Initiate joint mobilization to increase wrist/forearm ROM if indicated: Radiocarpal and ulnocarpal joint: Dorsal glides to increase wrist flexion; volar glides to increase wrist extension; ulnar glide to increase radial deviation and radial glide to increase ulnar deviation Distal Radio-Ulnar Joint (DRUJ): dorsal glide of radius on ulnar to increase supination; anterior glide

			of radius on ulna to restore pronation • Begin progressive resistive exercises to wrist at week 6-8. • Progress with weight bearing activities: wall pushups, quadruped, modified push ups
Phase IV – Advanced strengthening phase (week 12-20):	Typically, formal outpatient therapy is completed by week 8-12 and patient continues to work on strengthening exercises independently or in a work conditioning program or with a trainer. Therapy Goals: • Return to work for patients whose jobs require heavier lifting/activities such as laborers. • Return to sport for athletes.		WEEKS 12-15: • Continued progression of strengthening and weightbearing to prepare patient for return to work or sport. Patient is typically doing this on their own, with a trainer, or at a work hardening/conditioning program.