

DISTAL RADIUS FRACTURE

Open Reduction Internal Fixation with DVR plus supplemental dorsal fixation (Used for worse – than –usual fractures)

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This will be for fractures that require volar and dorsal approaches, supplemental fixation dorsally and/or volarly in addition to a volar locking plate. It will include some fractures that were treated with arthroscopic assisted fixation of the articular surface.

Week 1

- Splint placed in OR on full-time
- Finger ROM
- OT to start week 2

Week 2-6

- Remove splint in my office and place removable splint or cast
- Begin pin site care 2-3 times per day, if pins present and removable splint used rather than cast
- Exercises consist of:
 - Finger full ROM
 - Thumb opposition
 - Wrist ROM deferred until pins removed
 - Elbow AROM
- No PROM wrist
- PROM fingers / thumb if needed after 1 week

Week 6-10

Goal is to recover wrist motion and grip strength

- Splint / cast will be removed and any pins pulled in my office at the end of week 6
- 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
- Scar massage / desensitization may occasionally be needed

Week 10-14

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