DISTAL RADIUS FRACTURE
External Fixation
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In my practice, external fixation is only used in the most severe, comminuted, intra-articular fractures. These will not recover as quickly or completely as routine fractures treated with DVR plate internal fixation only.

Week 1-6

- Begin pin site care 2-3 times per day
- Begin AROM of the thumb and fingers
- Begin elbow AROM, including pronation and supination
- Monitor and initiate shoulder AROM, particularly with the elderly population
- Remove all sutures at end of week 2

Week 6-12 (after fixator removal)

Goal is to recover wrist motion and grip strength

- Fixator almost always removed after 6 weeks, either in my office or in the OR
- 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

12-16 weeks

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

Comments: Once external fixator is removed, the order of importance of motions is: finger flexion, thumb opposition, wrist pronation, wrist extension, wrist flexion, wrist supination, elbow extension. Allot time as appropriate depending on

patient's progress with these motions. Start strengthening as soon as FROM is achieved.