

# Distal Radius Fracture Repair Protocol

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## Phase I (Post-op until week 2) Protective Phase

- Postoperative splint or brace maintained at all times unless otherwise directed
- Edema control with elevation and compression as appropriate
- Active range of motion of fingers and thumb encouraged immediately, no wrist ROM
- Elbow and shoulder range of motion to prevent stiffness
- Begin gentle forearm rotation (pronation/supination) as tolerated
- No wrist strengthening or weight bearing
- Emphasis on pain control and swelling reduction

## Phase II (Weeks 2–6) Early Motion Phase

- Transition from splint to removable wrist brace as directed
- Initiate wrist active and active-assisted range of motion exercises, only within arc of no pain
- Gradual progression of wrist flexion, extension, radial and ulnar deviation
- Continue forearm pronation and supination exercises
- Scar management and soft tissue mobilization as indicated
- No lifting or weight bearing
- Maintain cardiovascular conditioning with walking or stationary bike

## Phase III (Weeks 6–10) Progressive Strengthening Phase

- Discontinue brace as tolerated if fracture healing is adequate
- Progress to full wrist and forearm range of motion
- Initiate gentle strengthening of wrist flexors, extensors, pronators, and supinators
- Begin grip strengthening exercises
- Proprioceptive and dexterity training
- Light weight-bearing activities through the hand as tolerated less than 3-5lb
- Continue edema and scar management as needed

## Phase IV (Weeks 10–16) Advanced Strengthening and Function

- Progress strengthening and endurance training of the wrist and forearm
- Advance grip and functional strengthening
- Increase weight-bearing activities through the upper extremity to as tolerated at week 12
- Task-specific and work-related functional training
- Emphasis on restoring speed, coordination, and endurance



### Phase V (Weeks 16+) Return to Activity

- Return to unrestricted activities as tolerated once cleared by physician
- Sport-specific or occupational training as indicated
- Progression based on pain-free motion, strength symmetry, endurance, and functional confidence

#### **\*\*Special Considerations:\*\***

- Progression may be modified based on fracture pattern, fixation stability, bone quality, and associated injuries.
- Patients with concomitant tendon injury, DRUJ instability, or intra-articular comminution may require slower progression.

**\*\*Progression Criteria:\*\*** Advancement through phases is criteria-based and dependent on pain control, restoration of motion, fracture healing, strength, neuromuscular control, and patient compliance.