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Distal Radius Fracture ORIF
Post-Operative Rehabilitation Protocol

Name: _____ **Date:** _____

Diagnosis: _____ **Date of Surgery:** _____

Phase I: Protection / Edema Control (Post-Op Days 0-10)

Immobilization and Precautions

- Maintain postoperative splint for the first 7-10 days; keep clean and dry.
- Non-weightbearing through operative wrist/hand. NO lifting, pushing, pulling, or forceful gripping.
- Elevate hand above heart when resting; avoid prolonged dependent positioning.
- Do not remove splint before the first postoperative visit unless specifically instructed.

Exercises and Goals

- Begin frequent active finger and thumb flexion/extension immediately; full composite fist and tendon glides.
- Finger abduction/adduction, thumb opposition and gentle digit blocking as tolerated.
- Active elbow and shoulder ROM, scapular exercises, and cervical ROM to prevent stiffness.
- Edema control with elevation, gentle motion, and ice as appropriate; monitor sensation and circulation.

Follow-Up

- Office visit at approximately 7-10 days for wound check, radiographs as indicated, and splint removal.
- Transition to a removable wrist brace after the first visit; begin formal hand therapy/OT.

Phase II: Protected Wrist Motion (Days 10-14 Through Week 6)

Brace and Precautions

- Wear removable wrist brace through 6 weeks post-op, including during sleep; remove for hygiene and exercises.
- Avoid weightbearing, lifting more than very light ADL objects, pushing/pulling, and forceful grip.
- Do not force end-range wrist or forearm motion. No resistive wrist/forearm strengthening before 6 weeks.
- If DRUJ/TFCC injury or fixation is present, restrict forearm rotation as specifically directed.

Range of Motion / Hand Therapy

- Begin gentle active wrist flexion/extension and radial/ulnar deviation after splint removal if fixation is stable.
- Begin active forearm pronation/supination with elbow at side, unless specifically restricted.
- Continue active digit/thumb ROM, tendon glides, intrinsic motion and edema management.
- After approximately 4 weeks, advance to gentle active-assisted wrist and forearm ROM as tolerated.
- Scar massage/desensitization after incision is fully healed; edema glove/compression as needed.
- Use hand for light self-care, typing, feeding, and fine-motor tasks without loading the wrist.

Phase III: Restore ROM / Initiate Strengthening (Weeks 6-8)

Brace and Activity

- At 6 weeks, begin gradual brace discontinuation if radiographs and clinical healing are satisfactory.
- Brace may be used for comfort, crowded environments, or higher-risk activities during transition.
- Progress light daily activities; continue to avoid heavy lifting, impact, and forceful weightbearing.

Therapeutic Exercises

- Progress wrist/forearm AROM and AAROM; add gentle low-load passive stretching for residual stiffness.
- Begin submaximal isometrics and light grip/pinch strengthening (putty, sponge, soft ball) as tolerated.
- Advance to light resisted wrist flexion/extension, radial/ulnar deviation and pronation/supination when cleared.
- Continue scar management, tendon glides, manual edema control and dexterity training.
- Avoid aggressive manipulation, painful stretching, or strengthening that causes persistent swelling.

Phase IV: Progressive Strengthening / Functional Return (Weeks 8-12)

Exercises and Activity

- Progress wrist/forearm and grip resistance with bands, light dumbbells, putty and functional tasks.
- Increase functional use for household tasks and work activities as tolerated; reinforce full motion.
- Begin gradual closed-chain loading (tabletop to wall) only when cleared and clinically appropriate.
- For intra-articular fractures, avoid weightbearing until at least 10-12 weeks and surgeon clearance.
- Progress proprioception, coordination, endurance and task-specific work conditioning.

Phase V: Advanced Activity / Return to Sport (Weeks 12-16+)

Goals and Progression

- Advance resistance, lifting, weightbearing and sport/work-specific activity with confirmed healing.
- Progress to modified push-ups, heavier grip work, and impact activities only with surgeon clearance.
- Return to heavy labor, racquet sports, golf and contact activities is individualized by healing, ROM, strength and function.
- Continue home exercise program; full recovery of strength and motion may take several months.

Evaluation and Additional Care

- Teach and reinforce home exercises; reassess pain, edema, wrist/forearm ROM, grip strength and hand function.

Hand Therapy / PT / OT: 2-3 times per week for 8-12 weeks, then reassess.

Comments: _____

Signature: _____ **Date:** _____

Important: Intended for a stable, internally fixed distal radius fracture. Fracture comminution, intra-articular involvement, DRUJ instability, associated ligament injury, bone quality, or additional procedures may require delayed motion or strengthening. The surgeon should confirm radiographic healing before advancing loading.