

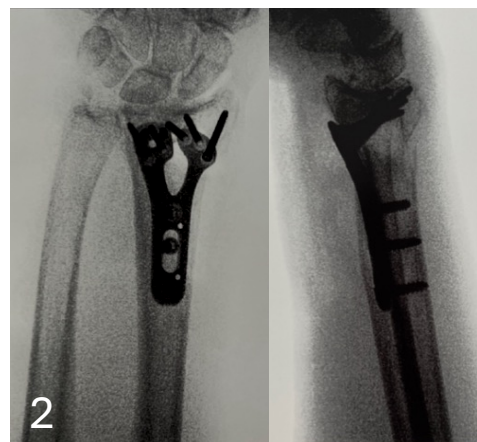


Recovery after a wrist fracture takes time and patience. The goal of surgery is to re-establish alignment of your radius to encourage healing and restore range of motion and function.

For many people, a radius fracture, especially after a fall or other minor trauma, is a sign of osteoporosis or osteopenia. You should discuss this with your primary care doctor to further evaluate your bone quality and look at options to restore bone density.

If surgery is recommended, a plate and screws over the palm side of the wrist are used (Figure 2). The plate and screws typically stay in for life unless there are issues with healing, infection, or joint/muscle irritation. In cases of severe trauma or osteoporotic bone an additional plate and screws, called a dorsal spanning plate, may be used (Figure 3). This will be determined intraoperatively after the first plate has been placed. The dorsal spanning plate is a temporary plate to hold the fracture in place while the bones heal. When the dorsal spanning plate is in place you will be unable to bend your wrist, though you can still use your fingers as normal. Once the bone has healed enough you will need to have a second surgery to remove the plate, typically around 8 weeks after the initial surgery.

When you awake from surgery you will have a smaller splint than the one you have on preoperatively. This will allow you to bend your elbow and fingers. Regular elbow, shoulder, and finger motion will help prevent stiffness. At your first post-operative visit you will be placed in a cast or removable splint depending on your fracture characteristics. Sutures are typically removed 10-14 days after surgery.





The key to post-operative pain control includes strict elevation of the wrist above the level of the heart, regular movement of the fingers, and supplementing this with oral Tylenol and ibuprofen (Advil/Motrin), if you can tolerate such medications. A small amount of oral narcotic pain medication may also be prescribed. Patients often feel less pain after surgery as the bones are no longer moving and the muscles are returned to their natural positions.

Below is a general outline of the expected recovery period, though it may vary slightly based on bone quality, fracture pattern, and intraoperative findings.

Rehab Protocol Total Length: 12-16 weeks

0-2 Weeks: Phase 1 - Immobilization

- Remain in splint at all times
- When transitioned to a removable splint, ok to come out of the splint for showering/hand washing
- Work on regular movement of the fingers, elbow and shoulder to prevent stiffness
- Elevation to decrease swelling
- Ok to type on computer

2-6 Weeks: Phase 2 - Early Range of Motion (ROM)

- Continue with splinting at all times except for exercises and hygiene
- Will start to come out of the splint for ROM as instructed by the surgeon and hand therapists based on fracture healing
- Nothing heavier than a cup of coffee
- Start light grip strengthening as directed by therapist

6-10 Weeks: Phase 3 - Strengthening and ROM

- Will start weaning from brace as directed by surgeon and therapists
- Progress to light functional strengthening as needed for home and job
- No heavy lifting until 12 weeks

Return to work depends on fracture pattern, bone quality, and healing as well as job duties/expectations as well as work accommodations as allowed by your employer.

