

## Distal Radius Fracture

### **PHYSIOTHERAPY PRESCRIPTION:**

0-2 Weeks: Splint Immobilization

- do not remove

Active ROM Elbow, Shoulder

Active and/or passive ROM of fingers

- goal is to make a complete fist by the two week point

Keep wrist above the level of the heart as much as possible

Do not wear a shoulder sling

2-6 Weeks: Patient will be in either a removable splint or cast

If in a cast, do ROM fingers, elbow, shoulder

If in a splint, may do ROM of wrist – active-assisted dorsiflexion, palmarflexion, supination, pronation

Assess for signs of CRPS

Modalities to decrease swelling

6 Weeks: Continue active-assisted or active ROM of the wrist – ensure have at

least 50-75% of ROM of the contralateral side prior to starting strengthening

Start strengthening