DR HARRY CONSTANTIN
ORTHOPAEDIC SURGEON

# Distal Radius Fixation
## Rehabilitation Protocol

# Phase Overview

**Note:** The following protocol is intended as a guide for you and your physiotherapist and some patients may need personal modifications**.**

Never push through sharp pain and always respect your external rotation limits.

*Exercises should be repeated 3 x daily, 5 days a week.*

**Phase 1**

Protection & Early Mobility
(Weeks 0-2)

**Phase 2**

Early Rehabilitation
(Weeks 2-6)

**Phase 3**

Strength & Control Phase
(Weeks 6-12)

**Phase 4**

Return to Sport/ Full Function
(Weeks 12+)

# Important Movement Restrictions

- **Individualised Recovery**
- **Gentle Movement:** ROM should be *pain-free and as tolerated* — never force end-range.
- **Team Communication:** Ongoing contact between surgeon, physiotherapist, and patient ensures safe progress.
- **Healing Takes Time:** Fixation keeps the bones in place, your body makes new bone to heal in the position surgery keeps it in.
- **Protect the Repair:** Avoid lifting heavy and sharp sudden movements
- **Progressive Loading**

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# Phase 1
## Protection & Early Mobility

## (Weeks 0-2)

**Goals:** Protect surgical fixation and promote wound healing. Control swelling and pain. Maintain motion in uninvolved joints (shoulder, elbow, fingers). Initiate gentle wrist and forearm motion when permitted.

*After surgery you will wake up with a small plaster splint on the front of your wrist. This is to help with pain and to keep your wrist in a good position to start immediate finger range of motion. You will also be prescribed Vitamin C as there is evidence that this helps prevent chronic regional pain syndrome.*

**Precautions:** Keep wrist in post-op splint until follow-up. *You will be in the plaster for 1-2 weeks*. Avoid lifting, pushing, or pulling. Keep dressings dry and intact.

**Progression:** Transition to removable wrist splint after at your first post-op appointment. Begin gentle active wrist ROM exercises. Continue full finger, elbow, and shoulder motion. Begin scar management once incision heals.

**Functional Drills / Strength / Control:** Active finger movement, forearm rotation with elbow at 90°, swelling control with tubigrip.

**Return to Work / Sport:** No sports or impact activity. Maintain lower-body or cardiovascular fitness.

**Maintenance:** Elevate and ice to reduce swelling

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# Phase 2
## Early Rehabilitation

## Weeks (2-6)

**Goals:** Restore wrist AROM and begin gentle PROM. Improve grip and forearm strength. Begin functional hand use within lifting limits. Continue scar and swelling management.

**Precautions:** Avoid lifting >1-2 kg. No forceful twisting or resisted motion.

*At this point you should start to massage your scar with silicone based gels. You can also use silicone dressings which are proven to help the scar mature and prevent hypertrophic (thick and raised) scars. You can also get the wound wet. It is important to protect the scar from sunburn and use SPF50+.*

**Progression:** Gradual weaning from splint. Introduce passive motion and light strengthening. Re-establish proprioception and coordination.

**Functional Drills / Strength / Control:** Wrist flexion/extension, pronation/supination, light grip exercises.

**Return to Work / Sport:** Light aerobic activity (no upper-limb load). Using a computer is an excellent way to keep your fingers active.

**Maintenance:** Scar massage is key to retrain your brain and desensitise the surgical site.

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# Phase 3
## Strength & Control Phase

## (Weeks 6-12)

**Goals:** Achieve near-full AROM and initiate strengthening. Progress to functional and occupation-specific loading.

**Precautions:** Avoid heavy impact or explosive loading until 12 weeks. Monitor for overuse pain or swelling.

**Progression:** Advance strengthening with resistance bands and light weights. Gradual lifting up to 5kg and beyond. Introduce work conditioning for heavy labour.

**Functional Drills / Strength / Control:** Wrist curls, radial/ulnar deviation, closed-chain loading, grip and pinch strength progression.

**Return to Work / Sport:** Begin low-impact, non-contact sports (e.g., swimming). Gradual reintroduction to gym exercises.

**Maintenance:** Maintain flexibility and control with daily wrist mobility. Continue progressive strength 3x/week.

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# Phase 4
## Return to Sport/ Full Function

## (Weeks 12+)

**Goals:** Regain full strength, endurance, and dynamic stability. Resume unrestricted activities, work, and sport.

**Precautions:** Avoid abrupt load increases. Monitor for stiffness or weakness.

**Progression:** Progress to full impact loading (push-ups, planks). Resume unrestricted movements. Aim for ≥90% strength symmetry.

**Functional Drills / Strength / Control:** Plyometric loading, power grip drills, functional sport/work simulation.

**Return to Work / Sport:** Gradual return to full sport if pain-free and strength ≥80–90%. High-load sports may require up to 6 months.

**Maintenance:** Continue home exercise and stretching for 6–12 months. Reassess every 4–6 weeks for load progression.

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# Key Principles for your Recovery

- Follow surgeon-set movement limits, especially for external rotation.
- Avoid pain and sharp sudden movements.
- Focus on control, posture, and gradual progression – not speed.
- Regular physiotherapy reviews ensure safe and steady recovery.

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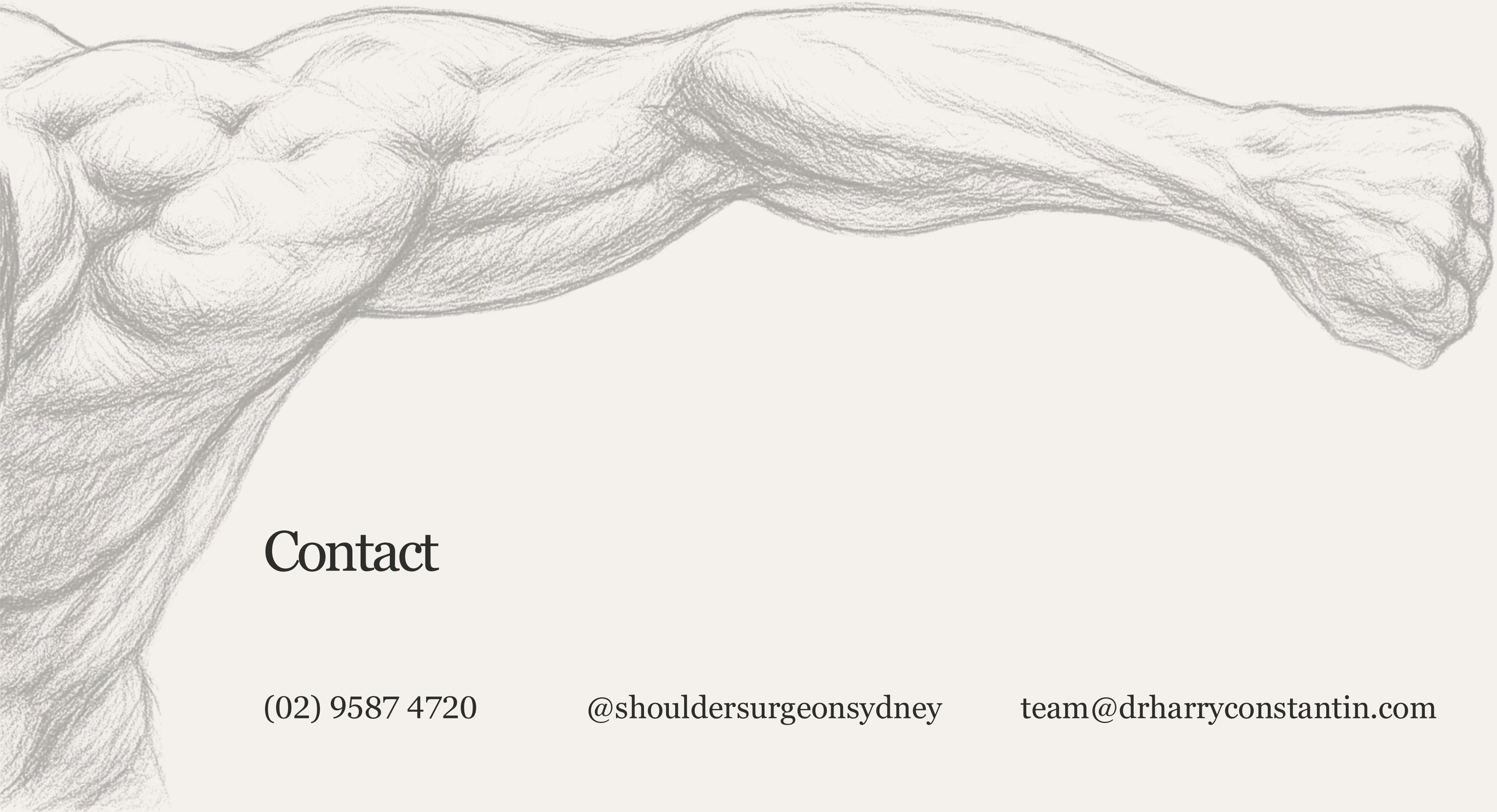

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