

REHABILITATION PROTOCOL

Distal Radius Fixation

Your guide to recovery



DR HARRY CONSTANTIN
ORTHOPAEDIC SURGEON



WELCOME

Your guide to recovery

following distal radius (wrist fracture) fixation

This rehabilitation guide has been carefully developed to support your recovery following surgery and to help you achieve the best possible outcome.

It outlines the recommended rehabilitation pathway, providing guidance for your recovery at home and serving as a resource for you and your physiotherapist throughout the rehabilitation process.

Recovery is a gradual and individual journey. While this protocol provides a structured framework, your rehabilitation may be adjusted according to your specific procedure, progress and goals.

We encourage you to work closely with your physiotherapist and follow the advice provided by Dr Harry Constantin and his team during consultations.

We are committed to supporting you throughout your recovery and helping you return safely and confidently to the activities that matter most to you.



Dr Harry Constantin

ORTHOPAEDIC SURGEON

North Sydney Orthopaedic and Sports Medicine Centre
T (02) 9409 0503 E team@drharryconstantin.com

Your recovery in *four phases*

This protocol is designed to guide you and your physiotherapist through your recovery. Your treatment may be adjusted to meet your individual needs. Never push through sharp pain, and always keep your exercises within the movement and lifting limits set for each phase. **Repeat your exercises 3 times a day, 5 days a week.**

1	Protection & Early Mobility	WEEKS 0-2
2	Early Rehabilitation	WEEKS 3-6
3	Strength & Control	WEEKS 7-12
4	Return to Sport & Full Function	3 MONTHS +

Key principles



Follow the movement limits set by Dr Constantin



Avoid pain and sharp, sudden movements



Focus on control, posture and gradual progression – not speed



Regular physiotherapy reviews keep your recovery safe and steady

Remember

- **Individualised recovery.**
- **Gentle movement** – range of motion should be pain-free and as tolerated; never force end range.
- **Team communication** – ongoing contact between Dr Constantin, your physiotherapist and you keeps progress safe.
- **Healing takes time** – the fixation holds the bones in place while your body makes new bone to heal them in that position.
- **Protect the repair** – avoid heavy lifting and sharp, sudden movements.
- **Progressive loading** – build up load gradually.

Protect your fixation



Keep moving your fingers from day one

Your splint keeps the wrist in a good position so you can move your fingers straight away. Keep it on until your first review.

Things to avoid



No lifting, pushing or pulling
Weeks 0-2



Keep dressings dry and intact
Until your first review



Lift no more than 1-2 kg
Weeks 3-6



No forceful twisting or resisted motion
Weeks 3-6



No heavy impact or explosive loading
Until 12 weeks



Avoid sudden increases in load
3 months +

Key milestones



DAY 1

Finger exercises start. Vitamin C is prescribed.



1-2 WEEKS

Plaster changed to a removable splint at your first review. Gentle wrist exercises begin. Desk work from week 2.



WEEKS 3-6

Wean the splint. The wound can get wet. Start scar massage with silicone gel. Driving after 6 weeks.



WEEKS 7-12

Strengthening. Gradual lifting up to 5 kg and beyond. Swimming.



3 MONTHS +

Full impact loading. High-load sports may take up to 6 months.

Protection & Early Mobility

WEEKS 0-2

1

GOALS

Protect the surgical fixation and allow the wound to heal. Control swelling and pain. Maintain movement in the uninvolved joints (shoulder, elbow, fingers). Begin gentle wrist and forearm movement when permitted.

AFTER SURGERY

You will wake up with a small plaster splint on the front of your wrist. This helps with pain and keeps your wrist in a good position so you can start moving your fingers immediately. You will also be prescribed vitamin C, as there is evidence that it helps prevent complex regional pain syndrome (CRPS).

PRECAUTIONS

- ◆ Keep the wrist in the post-operative splint until your follow-up — you will be in the plaster for 1–2 weeks
- ◆ Avoid lifting, pushing or pulling
- ◆ Keep dressings dry and intact

PROGRESSION

- Change to a removable wrist splint at your first post-operative appointment
- Begin gentle active wrist range of motion exercises
- Continue full finger, elbow and shoulder movement
- Begin scar management once the incision has healed

STRENGTH & CONTROL

Active finger movement, forearm rotation with the elbow at 90°, swelling control with Tubigrip.

WORK & SPORT

No sport or impact activity. Desk work can resume from week 2 — using a computer is excellent for your finger range of motion. Maintain lower-body and cardiovascular fitness.

MAINTENANCE

Elevate the hand and use ice to reduce swelling.

Early Rehabilitation

WEEKS 3-6

2

GOALS

Restore active wrist range of motion and begin gentle passive range of motion. Improve grip and forearm strength. Begin using the hand for daily tasks within lifting limits. Continue scar and swelling management.

PRECAUTIONS

- ◆ Avoid lifting more than 1–2 kg
- ◆ No forceful twisting or resisted motion

SCAR CARE

Start massaging your scar with a silicone-based gel. You can also use silicone dressings, which are proven to help the scar mature and prevent thick, raised (hypertrophic) scars. The wound can now get wet. Protect the scar from sunburn with SPF 50+.

PROGRESSION

Gradually wean the splint. Introduce passive motion and light strengthening. Re-establish proprioception and coordination.

STRENGTH & CONTROL

Wrist flexion and extension, pronation and supination, light grip exercises.

WORK & SPORT

Continue desk work – keep using the computer to work your fingers. Light aerobic activity (no upper-limb load). No driving until 6 weeks.

MAINTENANCE

Scar massage is key to retraining your brain and desensitising the surgical site.

Strength & Control

WEEKS 7-12

3

GOALS

Achieve near-full active range of motion and begin strengthening. Progress to functional and work-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 5 kg and beyond. Introduce work conditioning for heavy labour.

STRENGTH & CONTROL

Wrist curls, radial and ulnar deviation, closed-chain loading, grip and pinch strength progression.

WORK & SPORT

You can drive from 6 weeks. Begin low-impact, non-contact sports (e.g. swimming). Gradually reintroduce gym exercises.

MAINTENANCE

Maintain flexibility and control with daily wrist mobility. Continue progressive strengthening 3 times a week.

Return to Sport & Full Function

3 MONTHS +

GOALS	Regain full strength, endurance and dynamic stability. Resume unrestricted activities, work and sport.
PRECAUTIONS	◆ Avoid abrupt increases in load ◆ Monitor for stiffness or weakness
ULNAR-SIDED PAIN	Many patients have pain on the little-finger (ulnar) side of the wrist for many months after the fracture has healed. This comes from the ulnar styloid – the small bony point on the little-finger side of your wrist, which is often injured at the same time as the radius. It is common and usually settles gradually with time and strengthening. Let Dr Constantin know if it is severe or not improving.
PROGRESSION	Progress to full impact loading (push-ups, planks). Resume unrestricted movement. Aim for at least 90% strength compared with your other side.
STRENGTH & CONTROL	Plyometric loading, power grip drills, and functional sport or work simulation.
WORK & SPORT	Gradual return to full sport if pain-free and your strength is at least 90% of the other side. High-load sports may take up to 6 months.
MAINTENANCE	Continue your home exercises and stretching for 6–12 months. Reassess every 4–6 weeks to progress your load.