



Distal Radius ORIF with Locking Plate Dr. Feirerabend

Would not normally recommend O.T.; case by case

Time Frame	Treatment	Goals
Post-Op Day 3-5	 Evaluate and Treat. Dressing change and check for signs/symptoms of infection. Custom fit with forearm based-zipper wrist cock-up orthosis, to be worn at all times except showers and when performing exercises. Instruct in edema management. Begin active range of motion of wrist, forearm, and hand. Progress with active assistive and passive range of motion as tolerated. If completing PROM using the table, remind client to not bear weight through the hand just rest hand and hold in place with other hand while moving involved arms elbow to increase wrist ROM. Enforce client on being NWB with the hand/wrist. * Attend OT 1-3x/week for ROM, edema control, and splinting. 	 Protection Edema control Pain management
2 Weeks	 Instruct in scar management techniques (to begin once incision is healed). Issue scar pad (to be worn once incision is healed). Continue with above exercises. 	Scar managementROM
Phase II 3 Weeks	 May use modalities as indicated (ultrasound typically not done until 4 weeks post-op) Modalities may include Ketoprofen, Dexamethasone, or Potassium Iodide as indicated at 4 weeks. If used, ultrasound is usually completed at a low intensity (i.e. 0.5 w/cm2, 3Mhz, and pulsed (i.e. 20%) setting when over the plate area. 	Continued edema control, pain and scar management, and ROM

Phase III 6-8 Weeks	 Begin strengthening exercises. (Gentle hand strengthening may begin at 5 weeks post-op). Begin weaning out of orthosis during the day. 	• PREs
	 Encourage/reassure client that ROM and strength will continue to improve up to 1 year. Ulnar sided wrist pain is common and typically resolves. Client continues to be NWB until at least 8 weeks post-op. 	