

Distal Radius ORIF with Locking Plate

Dr. Kuhl

*Schedule occupational therapy the same day as doctor.

Time Frame	Treatment	Goals
Post-op. 10 to 14 days	<ul style="list-style-type: none"> • Evaluate and Treat. • If no D-ring orthosis; issue one or zipper wrist cock-up or Exos orthosis if needed for proper fit. • 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. • Instruct in scar management techniques (to begin once the incision is healed). • Issue scar pad (to be worn once wound is closed). • Client is non weight bearing. <p>* Attend OT 1-3x/week for ROM, edema control, and splinting.</p>	<ul style="list-style-type: none"> • Protection • Edema control • Pain management • Scar management • ROM
Phase I 4 Weeks	<ul style="list-style-type: none"> • Continue with above exercises. • May use modalities as indicated • Modalities may include Ketoprofen, Dexamethasone, or Potassium Iodide as indicated at 4 weeks. If ultrasound is used, it is at a low intensity and pulsed setting over DVR plate. (i.e. 0.5wcm/2 , 3Mhz, and 20% duty cycle) • Client to remain non-weight bearing. 	<ul style="list-style-type: none"> • Scar management • ROM • Continued edema control • Protection
Phase II 6-8 Weeks	<ul style="list-style-type: none"> • Begin strengthening exercises. (Gentle putty exercises may begin at 5 weeks post-op). • Begin weaning out of the splint during the day. • Encourage/reassure client that ROM and strength will continue to improve up to 1 year. Ulnar sided wrist pain is common and typically resolves. 	<ul style="list-style-type: none"> • PRE's
Phase III 8 + weeks	<ul style="list-style-type: none"> • Client can begin weight bearing when cleared by doctor. • Continue with ROM and strengthening as needed. 	<ul style="list-style-type: none"> • PRE's