

Distal Radius ORIF with Locking Plate

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*Would not normally recommend OT; case by case

Time Frame	Treatment	Goals
Phase I 6 Weeks Post-Op	<ul style="list-style-type: none"> • Evaluate and Treat. • 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. • Instruct in scar management techniques (to begin once incision is healed). • Issue scar pad (to be worn once incision is healed). • May use modalities as indicated (ultrasound typically not done until 4 weeks post-op) <ul style="list-style-type: none"> ○ 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. • Client continues to be NWB until at least 8 weeks post-op. 	<ul style="list-style-type: none"> • Protection • Edema control • Pain management • Scar management
Phase II 8 Weeks As Appropriate	<ul style="list-style-type: none"> • Begin strengthening exercises. (Gentle hand strengthening may begin at 5 weeks post-op). • 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"> • PREs