DISTAL RADIUS/DISTAL ULNA FX
ORIF PROTOCOL
(Dr. Sean Griffin)

Weeks 1-4
- Sling is only needed until the nerve block has worn off. Wear the postop splint full time for 2 weeks.
- At 2 weeks, patient will be placed in a removable splint up until 6 weeks postop. Remove splint for bathing and for exercises.
- Sleep in splint with arm straight on pillows with arm elevated for edema reduction.
- No aggressive or forced passive range of motion until x-rays show full union of fracture.
- No pushing or pulling with affected wrist.
- Range of motion of elbow and shoulder as tolerated.
- Exercises:
  - Gripping and finger ROM exercises as tolerated.
  - Wrist pronation and supination with elbow at side (@90°) as tolerated.
  - Wrist flexion/extension and UD/RD as tolerated, no resistance
  - Shoulder isometrics (flexion, abduction, ER, IR) with resistance proximal to fixation
- Ice and modalities as needed for pain and swelling.

Weeks 4-6
- Follow up with Dr Griffin at 6 weeks postop. Continue wearing the splint.
- Range of motion as tolerated in all planes; No aggressive or forced passive range of motion until x-rays show full union of fracture.
- Exercises:
  - Add light resistance to wrist flexion, extension, supination, pronation, radial deviation, and ulnar deviation.
  - Add light resistance to bicep curls and tricep extension.
  - Progress rotator cuff and shoulder strengthening exercises
  - Initiate UBE - if pain free
- If pain level is not decreasing, decreased intensity and volume of exercise.
- Modalities for pain, as needed.

Weeks 6-9
- Range of motion to WNL’s as tolerated in all planes.
- Exercises:
  - Progress shoulder and scapular strengthening program.
Progress wrist and elbow strengthening program.
• Modalities for pain as needed.

Weeks 9-12
• Continue stretches towards normal ROM
• Exercises:
  o Gradually introduce sport specific throwing activities
  o Start with two hand throwing drills with hands close to the body (ex. Chest pass) and progress to drills with hands away from the body (ex. Overhead throw)
• Progress only without increase signs of inflammation
• Modalities as needed for pain

3-6 Months
• Continue stretches and mobilizations as needed to maintain full ROM
• Exercises:
  o Advance shoulder, elbow, and wrist strengthening program.
  o Initiate one hand throwing activities: wall dribble, baseball throws, throwing program, hitting program
  o Progress to light work simulation at 4-5 months or as requested by physician
  o Sports specific training