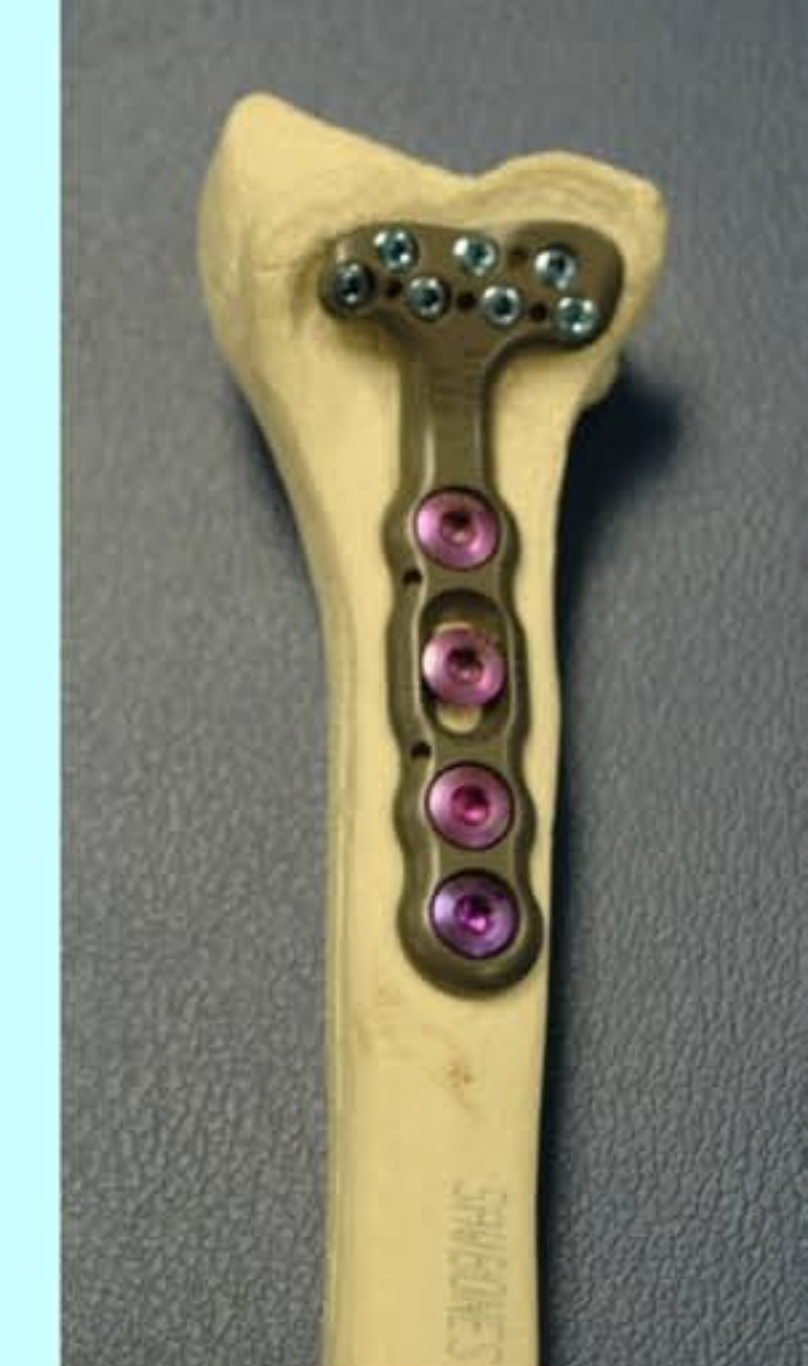


# Distal Radius Fracture with Open Reduction Internal Fixation Volar Plating

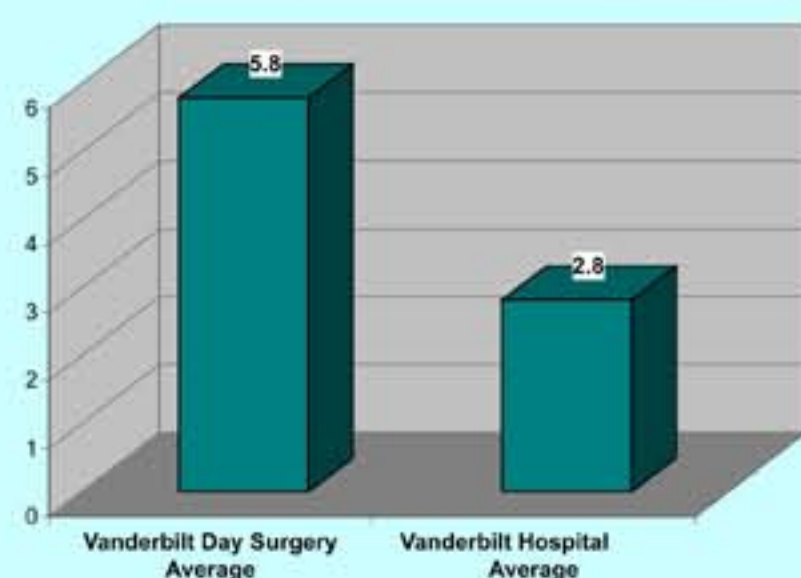
2006-2007 Hand & Upper Extremity Focus Group

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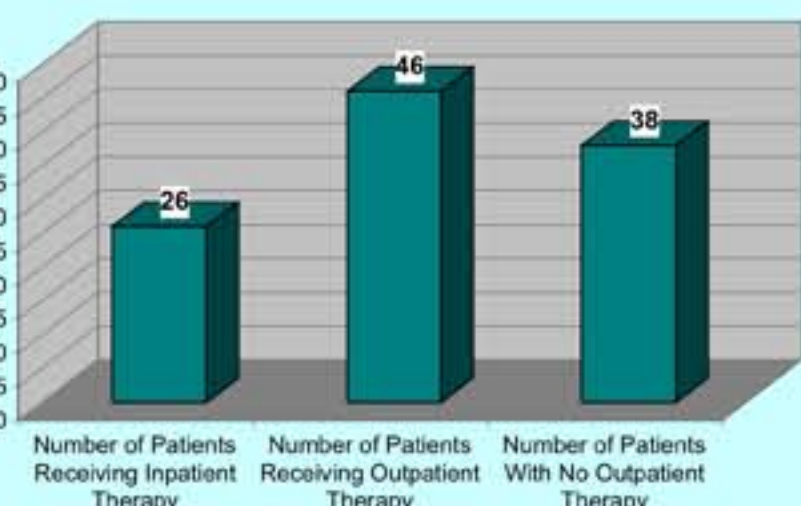
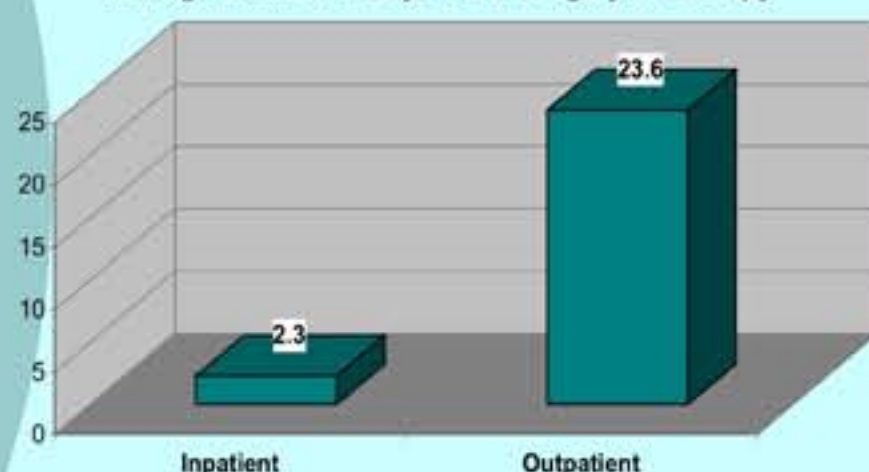


## Findings

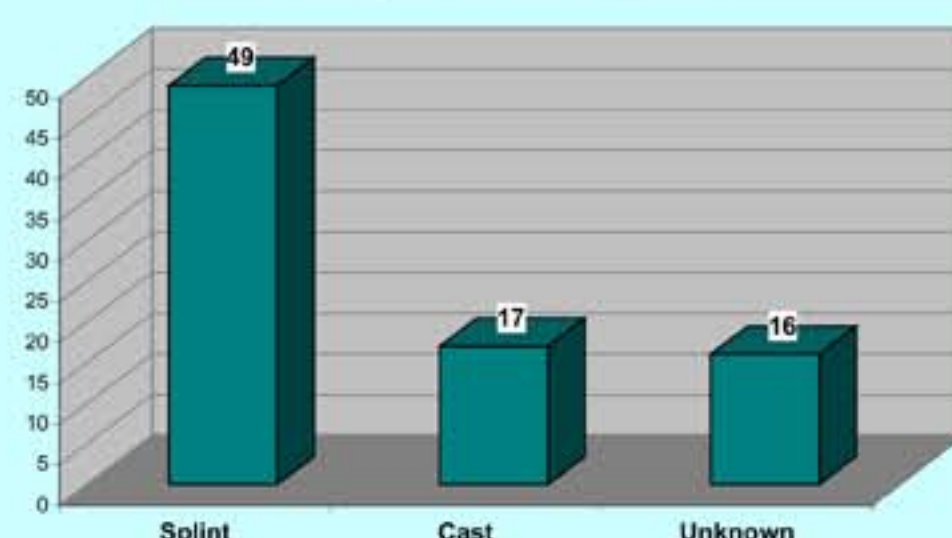
Average Number of Days From Injury to Surgery - by Surgery Location



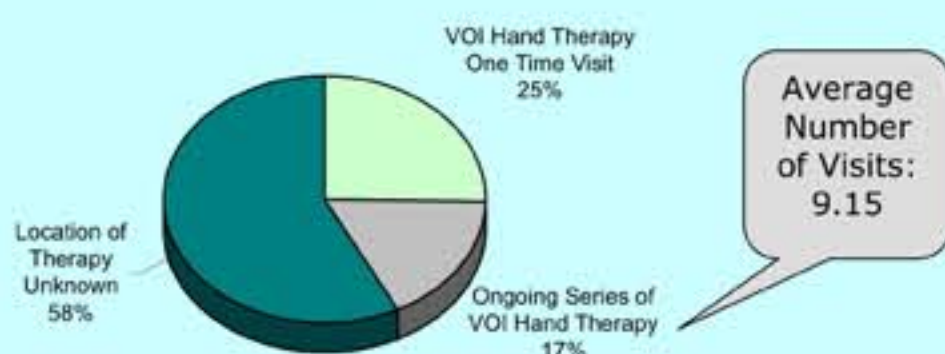
Average Number of Days From Surgery to Therapy



Post Operative Immobilization



Outpatient Therapy Distribution



## Purpose

- Review continuum of care for DRF with ORIF
- Coordinate inpatient and outpatient goals
- Identify standards of care through documentation and rehab protocol

## Questions

- What is the current evidenced based management of distal radius fracture with ORIF?
- How are patients with distal radius fractures and ORIF managed at VUMC?

## Methodology

- Systematic review of the literature for DRF with ORIF
- Chart reviews of 84 patients with DRF/ORIF at VUMC.
- Descriptive analysis of data was performed
- Review of current inpatient and outpatient patient education materials

## Outcomes

- Development of an evidence-based rehab protocol
- Development of Patient Education Materials:
  - inpatient
  - outpatient
- Identified discharge criteria for range of motion and grip strength based on current literature findings

## Discharge Criteria - AROM

- Supination 65
- Pronation 70
- Wrist extension 50
- Wrist flexion 50
- Ulnar deviation 25
- Radial deviation 15

## Inpatient Patient Education

## Discharge Criteria - Strength

- Grip strength -50% of contralateral side

Vanderbilt Orthopaedic Institute

**Splint/Cast:** Please notify your doctor or therapist immediately if you experience new numbness or tingling, skin discoloration, unusual swelling that causes the splint or cast to become painful when worn.

**Exercises:** It is your responsibility to practice your stretches and exercises as instructed by the therapist. Initially, you will move only the joints unrestricted by your splint/cast. These joints include shoulder, elbow, and all fingers. Not moving these joints could result in the shortening of tendons/ligaments, increased swelling, or "frozen" joints. Refer to exercises on the back of this page. Exercises should be done within your limits of pain. Stretches should be performed slowly and held for no less than 15 seconds.

**Functional activity:** You are encouraged to use your affected arm as part of your exercise program for activities such as eating, dressing, brushing teeth, etc. You **may not lift** anything greater than the weight of a magazine until instructed by your doctor or therapist.

**Swelling:** Elevate your arm so that the wrist is at a level higher than your heart.

**Ice:** Use an ice pack to decrease swelling and pain. Place the ice pack directly over the area of pain and leave for **no longer** than 20 minutes. You will feel a series of cold, then burning, and then numbness in this 15-20 minute time period.

**Heat:** Heat may be used prior to exercise to allow your muscles to relax and possibly achieve better motion in a stiff joint. Heat may cause increase swelling in the joint so do not use if you have a lot of swelling or if you think that your incision site may be infected.

**Infection:** There is a risk for infection with all surgeries. Signs of infection include increased redness in skin color in combination with increased warmth. Drainage from your incision may have an odor or the color of your drainage may change. Always notify your doctor if you have a sudden increase in drainage.

**Scarring:** Once your incision is closed **completely**, you may start massaging your scar. Scar massage will minimize the visibility of your scar and decrease the sensitivity of your incision site.

Vanderbilt Rehabilitation Services

