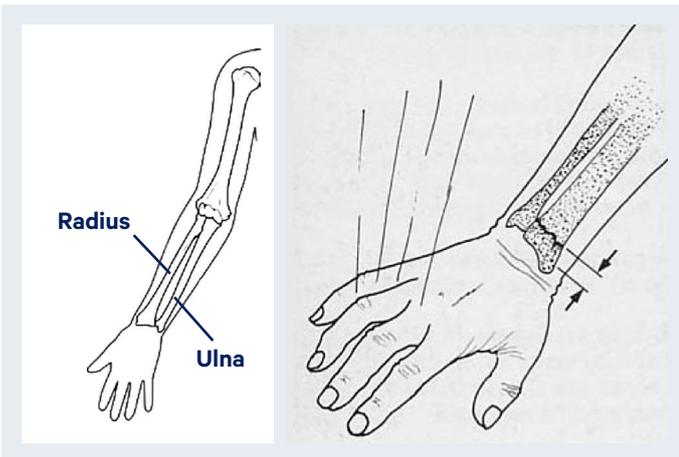


Distal Radius Fractures

WHAT IS A DISTAL RADIUS FRACTURE AND HOW DOES IT HAPPEN?

The radius is the larger of two long bones in your forearm. The distal part is near your wrist. Distal radius fractures are most often caused by falling onto an outstretched hand.



HOW ARE DISTAL RADIUS FRACTURES TREATED?

Hand Therapy

The aim of treatment is to get the broken bone into a good position and keep it there while your body heals it. Your hand therapist will send you for an x-ray of your wrist. If a break or fracture is seen you will be referred to a surgeon or doctor. The doctor will use these x-rays and other information including your age, activity level and general health to decide the best way to put the bone into alignment. This is called a reduction. If your fracture is not out of position you won't need a reduction but you will have to wear a forearm cast for 4-6 weeks. Reductions are described as open or closed. Closed Reduction involves the medical team giving you pain medicine and then moving the bone into position and applying a plaster cast to hold it in place. Your wrist may be x-rayed again to check it is in good alignment for healing. Open reduction involves surgery.

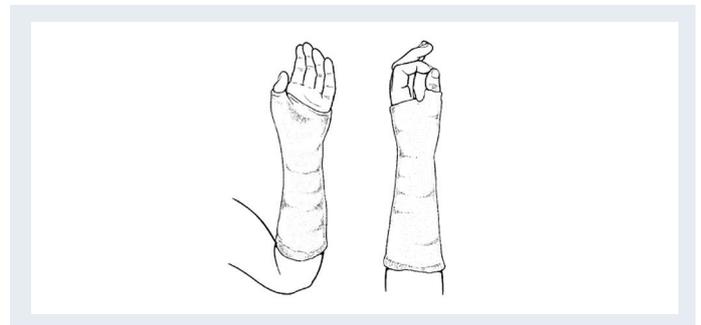
Hand therapy treatment may include

- Splinting to take care of your healing bone while allowing you to use your hand.
- Reducing your swelling and helping to keep it down.
- Scar management that helps soften your scar (if you had an open reduction).
- An exercise programme that gets your wrist, finger and thumb movement back and improves your coordination and strength.
- Advice around safely returning to hobbies and house/garden tasks, safely returning to sport and work and getting the right balance between activities and rest to allow you to recover.



Surgery

If your fracture is not suitable for a closed reduction you will have surgery (open reduction) under a general anaesthetic. The surgeon will open the skin, place the bone fragments into position and attach a metal plate or screws to hold them there. The plate makes the fracture stable and you will begin moving 2 to 10 days after surgery depending on the surgeon's instructions. You will probably have a lightweight, removable splint to wear for a few weeks.



WHAT CAN I EXPECT FROM MY REHABILITATION?

If you had a closed reduction you will be in the cast for 4-6 weeks. The cast will be replaced if it gets loose as your swelling goes down. You might have more x-rays to check the position of your fracture. If you had surgery you may be able to move your wrist a little sooner.

Your hand therapist will ask you about your health, lifestyle, the way you fell and the treatment you got for your fractured distal radius. Rehabilitation is different for everyone.

Your hand therapist will design a rehabilitation programme with you to help you achieve your goals. At first you will attend hand therapy frequently, maybe as often as twice a week.

This will reduce as you recover and learn how to manage your own rehabilitation. Almost everyone returns to all the things they enjoyed before their fracture. This can take a long time in some cases, a year is quite normal.



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WHILE YOUR WRIST IS IN A CAST

When you are in a cast it is important to keep your fingers, elbow and shoulder moving but not overuse your arm which could slow down your bone healing. Controlling swelling and pain is also very important and your hand therapist will give you appropriate exercises and advice about how to manage everyday life with a cast on your wrist.

WHEN YOUR CAST COMES OFF

You can expect your wrist to be stiff, weak and sore when your cast comes off. Your hand therapist may give you a removable splint to make things a bit easier while you recover your movement and strength.

Do

- Wear your splint
- Keep your hand elevated if there is swelling in your wrist, this will help it heal.
- Follow your hand therapists' instructions about exercises and using your hand.
- Avoid daily tasks that involve any strong gripping or lifting initially as guided by your hand therapist.

Do Not

- Remove your splint without guidance from your hand therapist.

WHAT SHOULD I LOOK OUT FOR?

If you have any of these symptoms it is important to tell your hand therapist straight away

- Pins and needles.
- Numbness or weird sensations.
- Swelling that doesn't go down.
- Pain that does not settle when you take medicines such as paracetamol (Panadol) or ibuprofen (Nurofen).
- Inability to move your wrist, fingers or thumb.

WHAT WILL HAPPEN IF I DO NOT HAVE TREATMENT?

When you fracture your distal radius it is common to injure ligaments or the cartilage that lines the inside of your joint as well. Other complications can include damage to the nerves or rupture of a tendon. Your hand therapist is expert at recognising these conditions and will treat them and if needed, refer you to an appropriate medical specialist. Without hand therapy rehabilitation your recovery may take longer, be more painful and these complications may have a serious effect on your ability to work and enjoy life.

CONTACT DETAILS AND REFERENCES

Your hand therapist is _____
Merivale Hand Clinic (03) 3559775

<http://www.midwestorthopediccenter.com/distal-radius-fracture-handout>

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