

Wrist (distal radius) fracture conservative management: exercises and advice

What is a distal radius or wrist fracture?

It is a break in one of the long forearm bones (radius) at your wrist, you can also break the ulna at the same time.

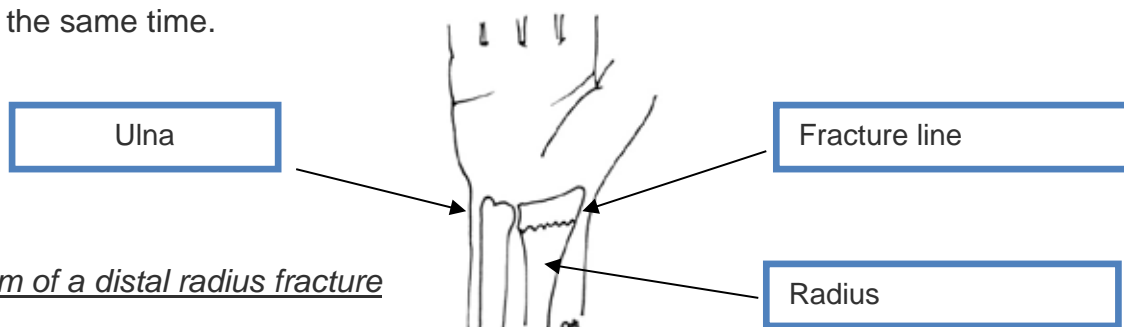


Diagram of a distal radius fracture

Conservative management

If your wrist fracture is uncomplicated or has been managed with a manipulation in the Emergency Department (A&E) and the position of the bones is acceptable you will be placed in a plaster backslab or lightweight cast and referred to the Fracture Clinic.

In the Fracture Clinic an X-ray may be taken to ensure the bone position is still in an acceptable position. The cast will be checked or changed and you will be asked to return between four and six weeks later for removal of the cast.

Why do I need this a plaster backslab or cast?

The fracture site needs to be supported to stabilise the bone, reduce pain and allow healing.

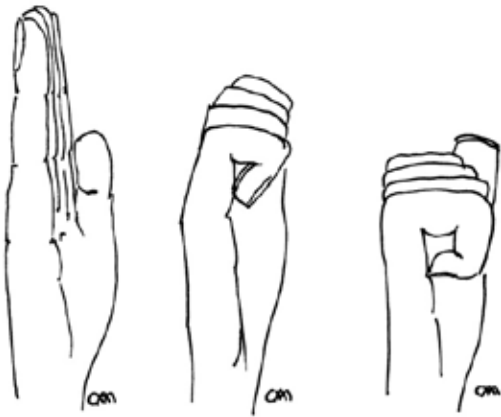
What should I do and what should I avoid while in the cast?

It is important that you keep the swelling in the wrist and hand to a minimum, so keep your hand higher than your heart and try to move your fingers in and out of a fist at intervals until the swelling settles.

Do	Don't
<ul style="list-style-type: none"> • Keep the swelling down. • Move your shoulder, elbow and fingers regularly. • Keep your cast dry. • Keep your pain under control. 	<ul style="list-style-type: none"> • Push through your pain. • Do strong gripping or heavy lifting activities. • Drive. • Play contact sport.

It is also important that the cast is comfortable. Please return to the Plaster Room if it is uncomfortable, or stopping your fingers from moving.

Exercises to do while the cast is on

Shoulder	Lift your hand right above your head as high as you can and lower it down slowly. Touch your hand to the back of your neck. Put your hand behind your back as high as you can.
Elbow	Bend your elbow fully and straighten fully.
Forearm	With your elbow tucked into your side and bent to 90°, turn your forearm over so your palm faces up to the ceiling and then down to the floor.
Fingers	

After the cast is removed

You may notice dry skin, mottling of the skin, excessive hair growth on the forearm or hand. This is perfectly normal as long as it is not accompanied by excessive pain.

You may be given a splint to support your wrist for the first few weeks after your cast is removed. It can be removed at night and at rest if you feel comfortable. It must be removed regularly during the day for exercises.

Most people do not require physiotherapy if they follow the advice on this exercise sheet. If you have excessive stiffness or pain you may be referred to a physiotherapist for further advice and treatment as necessary.

When can I return to work?

This depends on the demands of your job. It is likely that you will require 2-3 weeks off to recover from the injury and allow the discomfort to settle. If you have an office job, returning to work after this for light duties should be possible, but you should avoid anything which makes your wrist uncomfortable, such as prolonged typing. For manual work requiring lifting, you will need at least 6 weeks off, which may be longer depending of the extent of your injury.




When can I return to driving?

You should not drive while you are in a cast or thermoplastic splint. After this you can drive when you are able to control your vehicle without distraction. This is your decision, you can discuss this with your doctor or physiotherapist if you are unsure. You must be safe and in control of the vehicle. The law is very clear that you have to be able to prove to the police that you are 'safe' to drive, so it is entirely your own responsibility and we cannot give you permission to drive.

When can I return to sport?

You should only return to contact sport 12 weeks after your injury. Other sport may be earlier but you should take the advice of your doctor or physiotherapist who will guide you.

Exercises to do once the cast is removed

Finger exercises - If your fingers are still stiff do these exercises	
Bend each of your fingers in turn towards your palm and hold for 3 seconds.	
With the other hand, push each finger towards your palm and hold for 3 seconds.	
Make a fist and hold for 3 seconds	

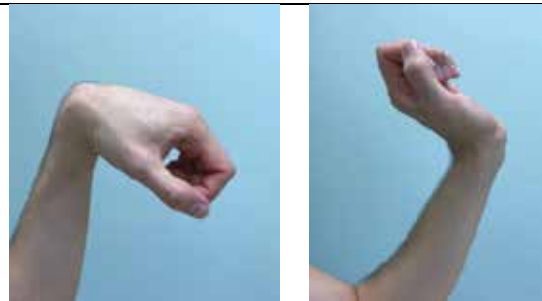
Thumb exercises

Beginning with your index finger, touch the tip of each finger with your thumb. When you reach your little finger, take your thumb down the finger to meet the palm.



Wrist exercises

Remove your splint and allow your wrist to move forwards and backwards, using the other hand for gentle support if required.



Remove your splint and with your elbow by your side, place your hand on the table. Place the palm flat to the table and then turn your hand over (palm to ceiling) *without* moving your elbow.





Remove the splint and with your palm flat on the table, move your hand to the left and then the right as if waving.






Stretches

With your wrist over the edge of the table, lower hand down and over-press with the other hand.



<p>With your hand flat on the table, raise elbow to see a crease along the back of your wrist.</p>	
<p>Interlock your fingers and keep the heels of your hands together. Twist your hands around each other achieving a turn of your wrists.</p>	

Strengthening

<p>With your wrist over the edge of the table in a neutral position, slowly lower hand and then return to the starting position. A light weight can be added as able.</p>	
<p>With your wrist over the edge of the table in a neutral position, slowly lift hand and then return to the starting position. A light weight can be added as able.</p>	
<p>With your wrist over the edge of the table in a neutral position and on its side, slowly turn the hand backwards (palm up) and forwards (palm down) A light weight can be added as able.</p>	

Things to look out for

You should monitor your arm and hand for any of the following problems.

- Carpal tunnel syndrome – if you have pins and needles or numbness in any of your fingers, tell your physiotherapist or doctor as soon as you can. The median nerve in the

front of the wrist can sometimes be compressed as a result of the injury or swelling you may develop afterwards. If this becomes severe you may require a small operation to release the nerve.

- Severe pain – one of the complications of a fracture and the post-operative immobilisation can be a severe pain reaction which is accompanied by stiffness, discolouration of the skin, increased sensitivity of the skin, increased sweating in the hand and an inability to control the temperature of your hand. It is very important to talk to your physiotherapist or doctor about this as soon as you can. You can then be started on appropriate medication and exercise regime which is helpful in managing this condition.
- Thumb problems – if you notice pain in your thumb when you are trying to straighten it, it may be that the tendon that straightens your thumb is becoming damaged. In the first place rest your thumb from the straightening exercises for a week or two as this often allows it to settle. If you notice you are no longer able to straighten your thumb, mention this to your physiotherapist or doctor as soon as you can.
- Skin problems – if your skin is sore or being rubbed by your cast or splint contact the plaster room or your physiotherapist for adjustments to be made.

What if I have questions?

It is important that you feel you have had all your questions answered. If not, please contact us using the telephone numbers given below.

Contact information

Virtual Fracture Clinic 0118 322 6567 or 07554 330369 12-00 to 5-00pm Monday to Friday.
Upper Limb Admin Team CAT5 0118 322 7415 Monday to Friday only.

Further information

More information is available on the Trust website: www.royalberkshire.nhs.uk

- www.readinghandsurgery.com
- Versus Arthritis www.versusarthritis.org. As well as funding research, Versus Arthritis produce a range of free information booklets and leaflets.
- Arthritis Care www.arthritiscare.org.uk
- The Royal College of Surgeons of England have some patient information publications available on their website www.rcseng.ac.uk/patient_information

This document can be made available in other languages and formats upon request.

Hand Clinic CM, JR, JV, February 2019
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