Presenting office visit:

- X-ray: Review x-rays of wrist. Obtain AP/ lat/ oblique of distal radius if x-rays are not available, outside x-rays are nonstandard/ poor-quality, or if it has been more than 48 hours since their last study.
- Remove splint/ dressing from outside facility.
- Assess pain control- prescriptions for narcotic pain medications as needed.
- Closed reduction as needed. Cast application:
  - Skeletally immature patients: Long-arm cast
  - Skeletally mature patients: Short arm cast
- Review cast and fracture precautions.
- If patient unable to make a full, composite fist when in definitive cast, refer to hand therapy for HEP-- Digital AROM/ AAROM/ PROM and edema control.
- Work note: No driving, lifting, pushing, or pulling. May type, write, and feed self with lightly loaded fork.
- Expected return to work
  - Sedentary/ Cognitive-- 3-4 days
  - Light Manual-- 6 weeks
  - Heavy Manual-- 10-12 weeks
- Schedule follow-up for 7-10 days to assess for maintenance of reduction.

First maintenance of reduction visit, post-injury day 7-10

- X-ray of wrist in plaster-- 3 views of wrist
- Assess pain control/ pain medication needs
- Assess ROM of shoulder, elbow, and digits.
- Refer to hand therapy if >1cm tip-to-palm distance.
  - 1-2x week x 6 weeks.
  - AROM/ PROM of digits.
  - Add dynamic flexion splinting for digital flexion if tip-to-palm distance is greater than 5cm.
  - edema control
  - Desensitization exercises as needed
- Work note: No driving, lifting, pushing, or pulling. My type, write, and feed self with lightly loaded fork.
- Expected return to work
  - Sedentary/ Cognitive-- 3-4 days
  - Light Manual-- 6 weeks
  - Heavy Manual-- 10-12 weeks
- Schedule follow-up at 3 weeks from injury to assess for maintenance of reduction.

Second maintenance of reduction visit, post-injury day 18-21.

- X-ray of wrist in plaster-- 3 views of wrist
- Assess pain control/ pain medication needs
- Convert patients between 8-18 yo from long to short arm cast.
- Assess ROM of shoulder, elbow, and digits.
- Refer to hand therapy if >1cm tip-to-palm distance.
  - 1-2x week x 6 weeks.
  - AROM/ PROM of digits.
  - Add dynamic flexion splinting for digital flexion if tip-to-palm distance is greater than 5cm.
  - edema control
  - Desensitization exercises as needed.
- Work note: No driving, lifting, pushing, or pulling. My type, write, and feed self with lightly loaded fork.
- Expected return to work
- Schedule follow-up at 6 weeks from injury to assess for union

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Follow up 6 weeks from date of injury

- Neutral PA/ lat/ oblique (20° elevated lateral) of wrist.
- Assess pain control and ROM.
- Cockup wrist splint provided to patient.
- If patient is still tender to palpation:
  - Then continue in removable splint full time.
  - Do not start therapy, but return to office in two weeks. Continue fracture precautions.
- If patient is no longer tender & 3+ cortices bridged with callus on plain films.
  - Patient to wean from splint over course of 1-2 weeks as they increase in confidence with the use of their injured extremity.
  - Advance activity.
- Work restrictions: 10# weight lifting. No pushing/ pulling. May operate motor vehicle/light machinery. Must be able to attend physical therapy and wear splint on work site, as needed.
- Therapy consult order: 1-2x/ week for 6 weeks or until milestones are met.
- NB: If patient's pain is out of proportion to expectation or swelling unusually pronounced at 6 week follow-up, they need to see Dr. Kandil at his next available office visit.

6-12 weeks Therapy

- Weight bearing: WBAT
- ROM: Aggressive AROM/ PROM
- Strengthening: Start light grip strengthening at 6 weeks. Start wrist extension/ flexion/ pronation/ supination strengthening at 8 weeks.
- Splinting: Wean from static wrist splint as tolerated. If ROM< 40° in any direction at 8 weeks, add static progressive splint to address that deficit.
- When Strength= 80% of contralateral side in grip and lifting from the floor, may consider transitioning to work hardening program in patients with heavy manual labor job descriptions.

--3rd follow-up visit at 12 weeks—

- Neutral PA/ Lat/ oblique views of operative wrist.
- ROM and Strength Assessment
- Pain Score, Quick-DASH Score
- Review Job Description to confirm appropriate return to full duty work.
- Expectations: Patients should be independently using the injured extremity for all activities of daily living. Heavy laborers should be ready to return to work without restrictions at this point. For unusually high demand activities, work hardening may be used to transition the patient back to full duty. Maximum Medical Improvement is 1 year from the day of surgery.

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