

The Royal Melbourne Hospital Virtual Fracture Clinic Non-operative Guidelines

	Weight bearing	Splint / cast / boot	Follow up	Rehabilitation	Return to driving (+ as pain / strength allow)	RTW / Activity	Other (Hygiene / sleep - as comfortable)
Suspected Scaphoid # (clinically tender)	NWB until MRI If #: COTWB in spica cast	ED thumb spica backslab - keep until after MRI + review if #: Wk 0-8: Thumb spica Backslab/POP	<1 wk urgent : MRI/CT + VFC review if # = 8wks: frack clinic with R/O cast + XR before if no # = D/C with no splint	NA	# = 8 wks (cast off) no # = when cleared/cast removed	Labourer: # = 10 wks No # = when cast off Sedentary: when comfortable	Backslab 24/7 (remove only for MRI)
Dorsal triquetral # Dorsal hamate #	0-5 wks COTWB	wk 0-5: Backslab/Thermoplastic splint	No routine follow up	Wk 0-4: Finger / elbow exs in splint Wk 4-5: QID Splint off for wrist ROM	5 wks	Labourer: 6 wks Sedentary: when comfortable	Splint off for hygiene & at 4 wks off for sleep
Distal radius min displaced #	0-6 wks COTWB	wk 0-5: Backslab / POP wk 5+: wrist splint if liked (PRN use) COST: \$55	1 wk: XR + VFC review 5 wks RMH frack physiotherapy review	wk 0-5: Finger / elbow exs in cast / splint (may inc. gentle pro/supination as tol) wk 5-6: wrist ROM wk 6+: gradual loading as tol	6 wks	Labourer: 6-8 wks Sedentary: when comfortable	NA
Ulnar shaft isolated min displaced ("night stick")	0-6 wks COTWB	wk 0-6: Backslab / AEPOP	2 wks: XR + VFC review 6 wks: Frac clinic with R/O cast + XR before	wk 0-6: Finger / shoulder exs in cast	6 wks - pending ortho review	Labourer: 8-10 wks Sedentary: when comfortable	NA
Elbow simple dislocation	0-4 wks COTWB	wk 0-2: Broad arm sling	No routine follow up	wk 0-3: Shoulder / hand exs wk 3-4: Elbow ROM wk 4+: gradual loading as tol	4 wks	Labourer: 6 wks Sedentary: when comfortable	Sling off for hygiene & sleep
Radial head min displaced # Radial neck min displaced #	0-6 wks COTWB	0-72hrs: Broad arm sling 72hrs+: Sling PRN	No routine follow up	0-72hrs: Shoulder / hand exs 72hrs+: Elbow ROM QID	6 wks	Labourer: 6 wks Sedentary: when comfortable	Sling off for hygiene & sleep
Medial epicondyle #	0-6 wks COTWB	wk 0-2: Broad arm sling	No routine follow up	wk 0-2: Shoulder / hand exs wk 2-6: Elbow ROM wk 6+: gradual loading as tol	6 wks	Labourer: 6 wks Sedentary: when comfortable	Sling off for hygiene & sleep
Shaft of humerus # - radial n intact	0-6 wks NWB 6-12 wks COTWB	wk 0-1: AE backslab + C&C wk 1-6: Sarmiento + C&C (wk 2 if very swollen) wk 6-12: Sarmiento COST: \$230	2 wks: XR + VFC review 6 wks: XR + VFC review 12 wks: frac clinic with XR before	wk 0-4: Pendular + active biceps/triceps (standing) QID wk 4-6: shoulder flex/abdn ROM to 90° wk 6-12: add ER ROM wk 12+: gradual loading (pending ortho)	12 wks	Labourer: 4 mnths Sedentary: when comfortable	Sarmiento off for hygiene only
Shoulder # - A: Proximal humerus # B: SNOH # C: GT undisplaced #	0-3 wks NWB 3-6 wks COTWB 6-12 wks <5kg	A / B : wk 0-6: C&C elbow@90° (unless specified by VFC consultant) C: wk 0-6: Broad arm sling	1 wk: XR + VFC review	wk 0-4: elbow exs + pendular / passive wk 4-6: shoulder active assisted ROM wk 6-8: AROM wk 8+: strength (max 5kg until wk 12)	12 wks (or 6+ wks if physically cleared ROM/strength by doctor/physio)	Labourer: 3-4 mnths Sedentary: when comfortable	Sling off for hygiene only
Shoulder anterior inferior dislocation A: Primary 20-35 yo B: Primary <20yo or >35yo C: Recurrent	0-6 wks <5kg 6+ wks gradual loading	A / B: wk 0-3: Broad arm sling strongly recommended C: wk 0-3: Broad arm sling advised as comfortable	Must have had post reduction XR A: No routine follow up B / C: 3-4 wks: Consultant Clinic	wk 0-2: scap + isometric submax exs (<500g) wk 2-6: loading <5kg *No shoulder end range ER/abdn or overhead contact for 6 wks	2+ wks - when out of sling and able to lift arm with no pain	Labourer: 6 wks Sedentary: when comfortable Sport: affected side to achieve >85% strength of contralat side	Sling off for hygiene & sleep
Clavicle # - Skin ok (no tenting)	0-6 wks COTWB	wk 0-4: Broad arm sling	No routine follow up	wk 0-2: Elbow/hand exs and supine self-assisted shoulder flexion wk 2-4: AAROM upright wk 4-6: AROM wk 6+: gradual loading (when non-tender)	6 wks	Labourer: 6-8 wks Sedentary: when comfortable	Sling off for hygiene & sleep if pillow behind arm/shoulder
AC Joint Gr I & II dislocations & STI	0-3 wks COTWB 3-6 wks <5kg	wk 0-2: Broad arm sling	No routine follow up	wk 0-2: Elbow / hand day 10+: Shoulder ROM wk 4: gradual loading/strengthening	2+ wks - when out of sling and able to lift arm with no pain	Labourer: 6-8 wks (earlier if cleared ROM/strength by physio) Sedentary: when comfortable	Sling off for hygiene & sleep if pillow behind arm/shoulder
Scapula # - low demand, no rib #	0-3 wks COTWB 3-6 wks <5kg	wk 0-2: Broad arm sling	No routine follow up	wk 0-2: Elbow / hand day 10+: Shoulder ROM wk 4: gradual loading/strengthening	3+ wks - when able to lift arm with no pain	Labourer: 8-10 wks Sedentary: when comfortable	Sling off for hygiene & sleep if pillow behind arm/shoulder
Ankle stable # - lateral/medial malleolus #	WBAT	wk 0-6: Camboot COST \$80	No routine follow up Gravity stress XR if requested by consultant	72hrs+: ankle ROM (boot off) QID wk 6+: Ankle ROM, strength, balance	Auto L) ASAP Auto R) / Manual 6 wks (out of boot)	Labourer: 6 wks Sedentary: when comfortable	Camboot off for hygiene & sleep
Ankle # - NWB/unstable	wk 0-6: NWB	wk 0-6: BK POP (or camboot if spec by VFC consultant)	No routine follow up	wk 0-6: toe ROM wk 6+: Ankle ROM, strength, balance	Auto L) ASAP Auto R) / Manual 6 wks (out of boot/cast)	Labourer: 8-10 wks Sedentary: when comfortable	POP/Camboot to sleep for 6 weeks. Can wipe/wash foot in camboot
Ankle sprain Fibula Avulsion #	WBAT	PRN: OFFER camboot to all COST \$80	PRN: physiotherapy STI clinic	wk 0-1: RICE / ankle ROM wk 2+: calf strength / balance / stretches Trial brace or tape PRN	Auto L) ASAP Auto R) / Manual when camboot weaned	Once function allows	NA
Achilles non-op management (per existing protocols)	wk 0-2 NWB wk 3 25% WB camboot wk 4 50% WB camboot wk 5 75% WB camboot wk 6 WBAT camboot	wk 0-2: equinus cast (frontslab) wk 2-6: camboot with heel raises wk 6-8: gradual remove heel raises wk 8+: wean camboot COST \$120 (boot & heel raises)	If no ultrasound - refer to clinic (referral for US not required) No routine follow up	Per Oppy/Tymms non-op protocol (refer to physio at wk 1)	Auto L) ASAP Auto R) / Manual 8-12 wks (out of boot)	Labourer: 10+ wks On feet all day: 6+ wks Sedentary: 3 wks	Camboot off at 8 wks for sleep
Foot # (inc MTT & tarsal avulsion)	WBAT	wk 0-6: camboot (up to 8 wks if needed) wk 6+: comfortable wide footwear COST \$80	No routine follow up	72hrs+: ankle ROM QID 4 wks+ (earlier if specified) : calf strength/ WB stretches / balance	Auto L) ASAP Auto R) / Manual 6 wks (and out of boot)	Labourer: 6-8 wks (and out of boot) On feet all day: 6+ wks Sedentary: when comfortable	Camboot off for hygiene & sleep
5th MTT #	WBAT	wk 0-4: camboot (6-8 wks as needed) wk 4-8+: Comfortable wide footwear COST \$80	No routine follow up	72hrs+: ankle ROM QID 4 wks+ (earlier if specified) : calf strength/ WB stretches / balance	Auto L) ASAP Auto R) / Manual 4 wks when camboot weaned	Labourer: 4 wks Sedentary: ASAP as pain allows Running: 12 wks	Camboot off for hygiene & sleep
Toe fractures	WBAT	wk 0-4: wide front shoes (eg. Ugg, Blundstone, sneaker) wk 0-4: Buddy strap PRN	No routine follow up	No exs required	As tolerated	Labourer: 3-4 wks labour Sedentary: ASAP as pain allows	Shoe off for sleep
Tibial Plateau #	0-4 wks: 10% WB 5-8 wks: 50% WB Wk 9+:WBAT	Nil	No routine follow up	ASAP: Knee / ankle ROM/quads exercise	Auto L) ASAP Auto R) / Manual 8 wks	Labourer: 8 wks Sedentary: when comfortable	NA
Patella undisplaced #	WBAT	wk 0-6: ZKS (ext for ambulating)	6 wks: XR + VFC review (No XR for vertical #)	wk 0-3: static quads / ankle exs wk 3: ROM QID (out of brace)	Auto L) ASAP Auto R) / Manual 6 wks	Labourer: 8 wks Sedentary: when comfortable	Splint off for hygiene & at 4 wks for sleep
Patella dislocation	WBAT	wk 0-2: ZKS (wean ASAP)	2 wks: fracture clinic	wk 0-2: RICE / quads wk 2+: ROM PF brace or taping for symptoms	Auto L) ASAP Auto R) / Manual 2 wks when splint weaned	Labourer: 3-4 wks Sedentary: when comfortable	Splint off for hygiene & sleep
Knee Soft Tissue Injury	WBAT	wk 0-2: ZKS (wean ASAP)	2 wks: physiotherapy STI clinic	ASAP: RICE / quads / knee ROM PF brace or taping PRN	Auto L) ASAP Auto R) / Manual when splint weaned	Once function allows	Splint off for hygiene & sleep

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