

# Distal Radius Fracture

## Summary Points to Remember

- You will have a plaster cast for **5 weeks**
- Do not lift anything weighing more than 250g with your injured arm for **6 weeks**
- No driving for **6 weeks**

## Virtual Fracture Clinic

Your Emergency Department doctor has referred you to the Virtual Fracture Clinic. This allows fast access to a specialist opinion without having to visit the hospital in person.

A Specialist Orthopaedic Surgeon will review your case, then a staff member will contact you by telephone to discuss your management plan.

## Your diagnosis is: Distal Radius Fracture (broken wrist)

The radius is the larger of the two bones in the forearm. The part of the bone near the wrist joint is called the 'distal' radius.

Distal radius fractures are the most common of all fractures of the arm and usually result from a fall onto an outstretched hand.

Many distal radius fractures can be treated with a plaster cast to hold the wrist still while the bone heals.



## Early Management: 0-72 hours after the injury

It is normal for your wrist to become bruised and swollen. This will settle over a few weeks. The following guidelines can help to minimise swelling and pain:

### Rest

For the first few days and avoid any activity that increases your pain

### Ice

Ice the wrist for **20 minutes every 1-2 hours**. Use an ice pack or a bag of frozen vegetables (do not place ice directly on the skin). Continue this for **3 to 7 days** after your injury. Do not get the plaster wet.

### Elevation

If your fingers look swollen, sit with the elbow resting on several pillows for 10 minutes and move your fingers



## Plaster Cast:

- Your wrist will be in a backslab (half cast with bandage) for approximately **1 week**
- This will be changed for a lighter weight below elbow cast (or in some cases a splint) that will be worn to protect the fracture until **5 weeks** after the injury
- When the cast is removed, you can choose to wear a splint for extra support in the short term if you still have pain

## Lifting:

For the first **6 weeks** you should not lift anything heavier than a cup of tea or mobile phone (**less than 250 grams**)

## Medication:

Simple medication such as paracetamol or anti-inflammatories may help to control your pain. Speak with your local doctor (GP) or pharmacist about your medication options.

## Smoking:

Research shows that smoking increases the risk of poor healing in fractures.

Stopping smoking will improve the chance of a good outcome.

For further information on quitting smoking visit [www.quitnow.gov.au](http://www.quitnow.gov.au) or speak with your GP.

## Rehabilitation: After 48-72 hours

### Exercises:

In your cast or splint, gently perform the following exercises **4 times a day**.

- Bend your fingers down to touch the cast (like making a fist) then open the hand wide – repeat 20 times. \*\* you should be able to touch your finger tips to the cast in 1-2 days



- Bend and straighten the elbow until you feel a mild to moderate stretch. Do not push into pain – repeat 10 times



- With your elbow by your side and bent to 90 degrees, slowly rotate your palm up and down until you feel a mild to moderate stretch. Do not push into pain – repeat 10 times.



### Physiotherapy:

You will be reviewed by the physiotherapist after your cast removal (5 weeks after your injury).

- Speak with your local doctor (GP) about physiotherapy options in your area **or**;
- Discuss with the physiotherapist or contact the Virtual Fracture Clinic to arrange physiotherapy that the hospital (Medicare bulk billed).

### Expected return to daily activities

It is important to note that different people recover from broken bones at different rates. Most simple fractures will heal in 6-12 weeks.

### Driving:

You can return to driving **6 weeks** following your injury, provided your arm strength is restored.

### Return to work:

The amount of time you will need off work relates to the severity of your injury and your work requirements.

Discuss your return to work plan with your local doctor and employer.

As a guide:

- Manual workers - If you need to climb ladders or do repetitive lifting it may take **6-8 weeks** to return to normal duties.
- Desk workers - you can return as soon as your pain allows.

### **Return to sport:**

It is recommended that you see a physiotherapist for a guided return to sport program.

### **Future appointments**

You will have an appointment at approximately **5 weeks** after the injury to have the cast removed, and to see the physiotherapist.

**Please contact us if you have not received notification of this appointment.**

### **Longer term recovery and expectations**

Most people achieve a normal function 3-4 months after this injury. It is possible that you could have mild ongoing discomfort and stiffness for more than 12 months.

If you still have significant pain or limitation 3-6 months after your injury despite physiotherapy and rehabilitation you may need to see an orthopaedic specialist. Discuss this with your local doctor.

## When to contact the Virtual Fracture Clinic

- If you have not heard from us **TWO working days after your Emergency Department visit**
- If your pain is so bad that medication and RICE (rest, ice, compression and elevation) do not help
- If you notice increasing pain without a cause after it was improving
- If you notice major numbness, pins and needles, or changes in circulation in your arm, hand or fingers
- If your symptoms are still bad after 6 weeks
- If your cast is too loose or damaged (e.g. water damage)
- If you are travelling via air as many airlines require the cast to be split

This brochure provides some information to assist with management and rehabilitation of your injury. While it contains the recommended information, it does not contain all available information about your injury and is not a substitute for specific advice from the Virtual Fracture Clinic in respect of your injury.

All treatment options have risks and benefits. This advice is of a general nature and is appropriate for the majority of patients with this condition. However, it may not apply your specific injury and circumstances.

If you have any concerns about progress of your rehabilitation, contact the Virtual Fracture Clinic promptly.

Do not continue the exercises in the brochure if:

- You experience increasing pain (some discomfort is common)
- Your condition has deteriorated in any way since you last consulted the Virtual Fracture Clinic
- You have a new injury or condition and have not consulted the Virtual Fracture Clinic about it

This information is only designed for patients who are currently being treated by the Virtual Fracture Clinic at The Royal Melbourne Hospital. If you do not understand the information seek clarification from the Virtual Fracture Clinic.

Patients should be aware that the suggested management is not guaranteed to provide any improvement in your condition.

Keep this brochure as you may need to read it again.

If you have any questions or concerns please contact  
the Virtual Fracture Clinic

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