

Distal radius fracture



Summary points to remember:

- Use this link or QR code to watch a video about a distal radius fracture: thermh.org.au/vfc
- Distal radius fractures are the most common of all fractures of the arm
- Wear your plaster cast for five weeks
- This brochure provides some information to assist with the 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
- If you have any concerns about the 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 (RMH)
- 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



Virtual Fracture Clinic

The Virtual Fracture Clinic gives fast access to a specialist orthopaedic opinion without having to visit the RMH in person.

An orthopaedic surgeon will review your case and a staff member will contact you to discuss your management plan.

Your diagnosis is: distal radius fracture

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

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 are treated with a plaster cast to hold the wrist still while the fracture heals.



Early management: the first 72 hours

It is normal for your wrist to become bruised and swollen. This will settle over a few weeks. Follow these guidelines to help with any pain and swelling:

Rest: Avoid any activity that increases your pain.

Ice: Ice your wrist for **20 minutes every one to two hours**. Use an ice pack, bag of frozen vegetables or crushed ice wrapped in a towel. Do not place ice directly on your skin. Continue icing your wrist for **three to 10 days** after your injury. Protect your plaster from getting wet.

Elevation: Rest your arm on several pillows (see photo to the right).



Plaster cast

The Emergency Department will apply a temporary cast or back slab (a half cast strapped on to your arm with a bandage). Wear this at all times for **one week**.

After one week the back slab will be changed for a light-weight below elbow cast (or in some cases a splint). This will be removed five weeks after your injury.

After your cast is removed you can choose to wear a splint for extra support for one to two weeks, if you like.

Use a bag to protect your cast from getting wet while bathing.

Lifting

For the first six weeks do not lift anything weighing **more than 250 grams** with your injured arm (about the weight of a cup of tea or mobile phone).

Medication

Simple medication such as paracetamol or NSAIDs (non-steroidal anti-inflammatory drugs) may help to control your pain. Speak with your General Practitioner (GP, also called your local doctor or family doctor) or pharmacist about medication options.

Smoking

Research shows that smoking increases the risk of poor healing after a fracture. Stopping smoking will improve the chance of a good outcome. For further information on quitting smoking visit quitnow.gov.au or speak with your GP.

Rehabilitation exercises: after 48-72 hours

With your cast (or splint) on, perform these exercises **four times a day**:

- Bend your fingers down to touch the cast (like making a fist) then open your hand out wide. Repeat 20 times. You should be able to touch your finger tips to the cast in one to two days



- Start with your elbow bent to 90 degrees by your side. Rotate your palm up and down to feel a mild stretch. Repeat 10 times



- Bend and straighten your elbow. Use your good arm to help, if needed. Repeat 10 times



Physiotherapy

You will see a physiotherapist at the RMH on the same day you have your cast removed.

Expected return to daily activities

Different people recover from injuries at different rates. Most simple fractures heal in six to 12 weeks.

Return to driving

You can return to driving six weeks after your injury.

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 GP and employer. As a guide:

- Manual workers: If you need to climb ladders or do repetitive lifting it may take six to eight 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 appointments at the following times:

- One week after your injury: cast change and often an X-ray (then a phone review within 48 hours)
- Five weeks after your injury: cast off and see physiotherapist

Please contact us if you have not had notification of these appointments.

Longer term recovery and expectations

Most people achieve normal function three to four months after this injury. It is possible that you could have mild ongoing discomfort and stiffness for more than 12 months.

If you have significant problems **six months** after your injury despite rehabilitation you may need a review with an orthopaedic specialist. Discuss this with your GP.

Contact

Contact the Virtual Fracture Clinic if:

- You have not heard from us **two working days** after your Emergency Department visit
- Your pain is so bad that medication and RICE (rest, ice, compression and elevation) do not help
- You notice increasing pain without a cause after it was improving
- You notice major numbness, pins and needles, or changes in circulation in your hand or arm
- Your symptoms are still bad after six weeks
- If your cast becomes very loose or damaged
- If you are traveling by air – check with the airline if they require the cast to be split prior to your travel

Contact

Virtual Fracture Clinic
0427 892 421

Practitioner / Patient notes

