

Hand Therapy Guide (IV)



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This is a quick reference to guide you on referrals for common hand injuries and conditions in general practice. The theme for this issue is **Distal Radius Fracture**.

Common Wrist Fracture (I): Distal Radius Fracture

◆ Mechanism of Injury

Injury usually occurs from falling on an outstretched hand.

◆ Symptoms

Fractures are not always painful and often the patient can still move their wrists. Symptoms may include pain over the distal radius, swelling and bruising.

◆ Diagnosis

X-ray is required to confirm the diagnosis.

◆ Referral

If the fracture is stable, the patient should be referred immediately for a custom made thermoplastic splint or cast.

If the fracture is unstable and requires surgery for an open reduction and internal fixation, early referral usually within 3-5 days post surgery is good practice.

Management

◆ Stable Fracture

- A custom made thermoplastic wrist splint or cast is usually required for approximately six weeks.
- Early oedema management and mobilisation of unaffected joints.
- Personalised exercise program to regain wrist movement and strength after removal of the splint/cast.
- Advice regarding precautions during the different stages of rehabilitation.
- Nerve gliding and tendon gliding exercises.

Post Surgery

- A custom made wrist splint is usually required for 4-6 weeks.
- Wound care including dressing changes and removal of sutures.
- Early oedema and scar management to prevent stiffness.
- Early mobilisation of the hand and wrist.
- Check distal radioulnar joint and TFCC integrity.
- Wrist and grip strengthening from 6-8 weeks post surgery.

◆ Splinting



Wrist Splint

◆ Casting



Waterproof casting is available
Image source: OrthoTape

◆ Stay Tuned!

Next issue will be about Common Wrist Fracture (II): Scaphoid Fracture.