Wrist Fracture – advice following removal of your cast

A plaster cast usually prevents a fracture from moving, but allows your fingers to move. The cast also reduces pain.

What to expect

It usually takes four to six weeks for new bone to form to heal your fracture. When the cast is removed most people find that their wrist is stiff, weak and uncomfortable to start with. It may also be prone to swelling and the skin dry or flaky, this is quite normal.

It is normal to get some pain after your fracture. If you need painkillers you should take them as prescribed as this will allow you to do your exercises and use your wrist for light activities. You can ask a Pharmacist about over the counter painkillers. If your pain is severe, continuous or excessive you should contact your GP.

The new bone gradually matures and becomes stronger over the next few months. It is likely to be tender and may hurt if you bang it. The muscles will be weak initially, but they should gradually build up as you start to use your hand and wrist.

When can I start to use my hand and wrist?

It is important to try and use your hand and wrist as normally as possible. Start with light activities like fastening buttons, washing your face, eating, turning the pages of books over etc. Build up as pain allows. Avoid lifting a kettle for 4 weeks

If I have been given a Wrist splint

You may have been given a wrist splint to wear. Unless you have been told otherwise, wear this to allow you to use your hand for tasks like housework and then remove for lighter activities and when at rest. For the first week or so you may find it more comfortable to sleep with your wrist in the splint. Gradually wean yourself out of the splint after a few weeks.

Managing swelling and pain

If you have swelling and pain:
- Encourage your hand to ‘join’ in with activities
- Avoid the arm hanging down. Perhaps elevate the arm and hand by putting it on two pillows on your chair arm, clench and spreading your fingers frequently.
- Not using your hand can increase swelling.
- Bathing your hand in warm water for 10 mins two to three times day can be helpful – as long as any scar is healed. Once out of the water rub gently with a towel to dry the part and then massage perhaps using a small amount of oil or cream.

How soon will I be able to resume normal activities?

Most wrist fractures will progress very well and your wrist will strengthen satisfactorily. However, you may never quite gain the range of movement you had in your wrist before your fracture. By three months after the fracture you should find you can manage most day to day tasks, however it is likely your wrist will continue to improve for at least 1 year following your injury.
How do I get my wrist / hand moving and strong again?
Whilst in the cast your muscles will have weakened and the joints become stiffer, but this will improve given time.

Using your hand as normally as you can is the most important thing you can do to improve your function and strength. This should get easier.

The exercises below may help improve movement and strength
If you can, do them all three to four times a day, even if your wrist / hand is painful as they are important.

If you have been prescribed painkillers then it is helpful to take them as they will allow you to do your exercises easier, expect to feel some discomfort but don’t push into severe pain.

1) Sitting comfortably with your hand on a table, chair arm or knee clench and spread your hand. Start with your thumb outside your fist, but progress to having your thumb inside if able. Repeat four lots of five brisk movements. Have a few seconds rest between each lot of five.

2) Rest your arm on the edge of a table or chair arm and relax with your wrist and hand over the edge. Gently move your wrist up and down. Three lots of three movements

3) With your arm on a flat surface move your hand to one side then the other. Three lots of three

4) Prop your elbow up on a table and let your wrist bend FORWARD. Allow it to relax down until you feel a gentle stretch. Hold this stretch with the other hand for 30 seconds, repeat twice
5) Prop your elbow up on a table with your wrist bent back slightly or as far as comfortable, hold a soft object in your hand. Grip this object as hard as you can for three seconds. Repeat five times.

![Image of elbow proped up with hand gripping a soft object](image)

6) Tuck your elbow into your side or rest your forearm on a table or chair arm with your elbow bent. Keeping your elbow still try to turn your palm UPWARDS as far as you can. Repeat three lots of three movements. If able follow these movements by a 30 second stretch, using your other hand to increase the stretch slightly. Hold the forearm (not your hand)

![Image of elbow tucked and hand turned upwards](image)

7) Tuck your elbow into your side or rest your forearm on a table or chair arm with your elbow bent. Keeping your elbow still try to turn your palm DOWNWARDS as far as you can. Repeat three lots of three movements. If able follow these movements by a 30 second stretch, using your other hand to increase the stretch slightly. Hold the forearm (not your hand)

![Image of elbow tucked and hand turned downwards](image)

8) Sit comfortably in a chair. Place your palms together and try to stretch your wrists backwards. Repeat three lots of three. Then do another two movements holding each for 30 seconds.

![Image of hands placed together](image)
9) Sitting on a bed or sofa, or standing by a worksurface, place your palm down beside you. Gently press a little weight through your hand. When you feel able try to bend the wrist a little more. Hold for 30 seconds and repeat three times.

**Massaging your wrist /hand**

You may find it helpful and comforting to massage your wrist and or hand. Sit with your wrist and hand well supported. Perhaps using a simple cream, e.g E454, initially use a circular motion on your wrist and hand, particularly your palm and then stroke upwards towards your elbow with a firm motion.

**Sources of information**

www.nhs.uk/conditions/broken-arm

East Sussex Healthcare NHS Trust Fracture Clinic and Physiotherapists Special interest Hand Therapy group.

**Important information**

This patient information is for guidance purposes only and is not provided to replace professional clinical advice from a qualified practitioner.

**Your comments**

We are always interested to hear your views about our leaflets. If you have any comments, please contact the Patient Experience Team – Tel: 0300 131 4731 or by email at: esh-tr.patientexperience@nhs.net

**Hand hygiene**

The trust is committed to maintaining a clean, safe environment. Hand hygiene is very important in controlling infection. Alcohol gel is widely available at the patient bedside for staff use and at the entrance of each clinical area for visitors to clean their hands before and after entering.
Other formats

If you require any of the Trust leaflets in alternative formats, such as large print or alternative languages, please contact the Equality and Human Rights Department.

Tel: 0300 131 4434 Email: esh-tr.AccessibleInformation@nhs.net

After reading this information are there any questions you would like to ask? Please list below and ask your nurse, doctor or practitioner.

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Reference

The following clinicians have been consulted and agreed this patient information:
Mr H Thakral, Consultant Orthopaedic Surgeon, Abigail Turner Clinical Lead & Head AHP Therapy clinical unit, Hilary Kircher, Team Lead, MSK Physiotherapy, Michelle Hegarty, Team Lead, MSK Physiotherapy, Newhaven Polyclinic. Emma Larkin, Orthopaedic Practitioner.
The directorate group that have agreed this patient information leaflet - Out of Hospital
Original leaflet written by Christine George, Senior MSK Physiotherapist.

Review date: March 2024
Responsible clinician Mrs Scarlett McNally, Consultant Orthopaedic Surgeon

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