

## Distal Radius Fracture (undisplaced)

Wrist 2

Fracture Care Team: Shared Care Plan

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This information leaflet follows up your recent telephone conversation with the Fracture Care Team explaining the ongoing management of your injury. Your case has been reviewed by an Orthopaedic Consultant (Bone Specialist) and Fracture Care Specialist.

You have sustained a distal radius fracture (the bone on the thumb side of the wrist)

**Healing:** This normally takes approximately 6 - 8 weeks to heal. It is normal for it to continue to ache a bit for 3-6 months after the injury.

**Pain and swelling:** Take pain killers as needed. The splint is for comfort and does not significantly affect the healing of the bone. Elevate the arm to reduce swelling for the first few days

**Using your arm:** It is important to keep the fingers and thumb moving to prevent stiffness.

**Follow up:** The fracture in your wrist is very small and should heal well. You do not need a follow up, however, if you are not improving in the next 2 weeks please get in touch by e mail or phone



If you are worried that you are unable to follow this rehabilitation plan,

**Or** if you are experiencing pain or symptoms, other than at the site of the original injury or surrounding area,

**Or** have any questions, then please phone the Fracture Care Team for advice.

Please follow the management / rehabilitation plan outlined below -

Weeks since injury	Plan
0-2	<ul style="list-style-type: none"><li>✓ You will be in a splint</li><li>✓ Use the sling for the first few days if the arm is painful.</li><li>✓ Move your fingers often.</li></ul>
2-6	<ul style="list-style-type: none"><li>✓ You can use the arm for simple tasks as pain permits.</li><li>✓ If you are comfortable you can stop using the splint</li></ul>
6 -12	<ul style="list-style-type: none"><li>✓ The fracture is united (healed)</li><li>✓ You can begin to resume normal activity but be guided by any pain you are experiencing.</li><li>✓ You can start the stage 2 exercises below if the wrist feels stiff.</li><li>✓ Carry out day to day activities.</li><li>✗ Heavy tasks, heavy lifting or sport may cause some initial discomfort.</li></ul>
12	<ul style="list-style-type: none"><li>✗ If you are still experiencing significant pain and swelling then please contact the Fracture Care Team for advice.</li></ul>

## Advice for a new injury

### Rest and Elevation:

Try to rest the arm for the first 24-72 hours to allow the early stage of healing to begin. Raise your wrist above the level of your heart with a sling if it is throbbing.

### Movement and exercise:

It is important to keep your fingers and thumb moving while you are in the plaster. After the splint is removed your wrist will be stiff, please follow the exercises below to get the movement back.

## Smoking cessation

Medical evidence suggests that smoking prolongs fracture healing time. In extreme cases it can stop healing altogether. It is important that you consider this information with relation to your recent injury. Stopping smoking during the healing phase of your fracture will help ensure optimal recovery from this injury.

For advice on smoking cessation and local support available, please refer to the following website: <http://smokefree.nhs.uk> or discuss this with your GP.

## Exercises

### Stage 1 Exercises

#### Finger exercises:

Keep your fingers moving whilst you are in the splint.



#### Elbow Bend to Straighten

Bend and straighten your elbow as far as you can without pain.

You should not feel more than a mild to moderate stretch.

You can use your other arm to assist if necessary. Repeat 10 - 15 times if there is no increase in pain.

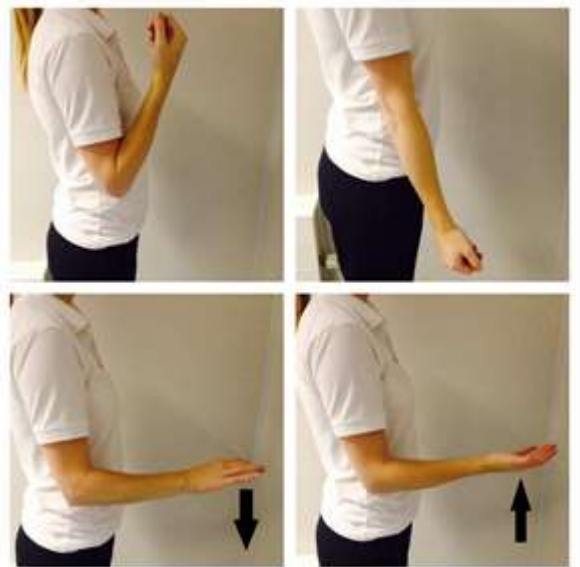
#### Forearm Rotations

Begin this exercise with your elbow at your side and bent to 90 degrees.

Slowly turn your palm up and down as far as you can go without pain.

You should not feel more than a mild to moderate stretch.

You can use your other arm to assist if necessary. Repeat 10 - 15 times if there is no increase in pain.



### Stage 2 exercises



#### Finger and wrist flexion and extension

Open and close your hand as shown 10-15 times. Then move your wrist up and down 10-15 times.

After a few days, hold a soft ball / ball of socks. Squeeze the ball as hard as possible without pain.

Hold for 5 seconds and repeat 10 times.

## Sources of information

This information leaflet has been developed by the Fracture Care Team at Brighton and Sussex University Hospitals Fracture Care Team and adapted for use at East Sussex Healthcare NHS Trust.

## 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: (01323) 417400 Ext: 5860 or by email at: [esh-tr.patientexperience@nhs.net](mailto: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: (01424) 755255 Ext: 2620**

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

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## Reference

Thank you to the Brighton and Sussex University Hospitals NHS Trust

The following clinicians have been consulted and agreed this patient information:

Mr Guy Selmon – Consultant Orthopaedic Surgeon

Mr Andrew Skyrme – Consultant Orthopaedic Surgeon

Mrs Scarlett McNally - Consultant Orthopaedic Surgeon

Mrs Miranda Champion - Consultant Orthopaedic Surgeon

Helen Harper-Smith – Professional Lead Physiotherapist

Hilary Kircher – Clinical / Operational Lead Outpatient Physiotherapist

The Clinical Specialty/Unit that have agreed this patient information leaflet:

Department of Trauma and Orthopaedics

Next review date: April 2020

Responsible clinician/author: Helen Harper-Smith / Kate Weatherly – Specialist Orthopaedic Physiotherapist

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