DISTAL RADIUS FRACTURES: ACCELERATED REHABILITATION

Traditional management of distal radius fractures has been 6 weeks of immobilisation. New evidence now suggests a shorter period of immobilisation may be more beneficial.

**Distal Radius Fracture**

**Instability factors on x-ray:**
- $<4 = \text{accelerated rehab}$
- $>3 = \text{traditional rehab}$

**Instability Factors:**
- Dorsal angulation $>20^\circ$
- Intra-articular fracture
- Associated ulna fracture
- Dorsal comminution
- Radial shortening $>2\text{mm}$

**Accelerated Rehabilitation:**
- $\sim3$ weeks immobilised in a cast and then;
- $\sim3$ weeks in a removable splint

**Benefits:**
- Early and progressive movement and exercise
- Decreased secondary complications
- Improved and accelerated functional recovery

**Barriers:**
- Unaware of new evidence
- Orthopaedic buy-in
- Agreement on instability factors

**References**