

# Physical Therapy Prescription

<b>Distal Radius Fracture ORIF REHABILITATION PROTOCOL</b>			
<b>TIME PERIOD</b>	<b>RANGE OF MOTION</b>	<b>Splint/Brace &amp; Weight bearing</b>	<b>EXERCISES</b>
<b>0-1 weeks</b>	None	Splint at all times <b>No Weight Bearing</b>	Finger and elbow ROM. Pendulums for shoulder.
<b>1-4 weeks</b>	Full Active and Passive wrist and finger range of motion	Removable Wrist Brace Wear brace in public and to sleep <b>No lifting more than a coffee cup</b>	Active & Passive Wrist and finger range of motion. Move elbow and shoulder freely
<b>4-8 weeks</b>	Full range of motion.	No brace <b>No lifting more than 5 pounds</b>	Continue Range of motion exercises, strengthen the elbow and shoulder and light resistive exercises with the hand
<b>8-12 weeks</b>	Full range of motion	No brace <b>No lifting more than 20 pounds</b>	Shoulder, elbow, wrist, and hand strengthening. Advance strengthening to tolerance
<b>12+ weeks</b>	No Restrictions	No Restrictions	No Restrictions

**\*\*\*Begin physical therapy 1 week post op (after your first post-operative appointment)**

<p>Dane Todd, MD          Questions please call: # 402-488-3322          Fax: 402-488-3336</p> <p>Patient Name: _____          Surgery Date: _____</p> <p>Diagnosis: status distal radius fracture ORIF          Side (Circled):   Right      Left</p> <p>Physical therapy to evaluate and treat for post op olecranon fracture ORIF using the above protocol. 1-2x per week for 10 weeks. Modalities PRN</p> <p>Notes: _____</p> <p>MD signature:</p>
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