



Charlotte Shoulder Institute

Patient Centered. Research Driven. Outcome Maximized.

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DISCHARGE INSTRUCTIONS & PHYSICAL THERAPY INSTRUCTIONS FOR OPEN REDUCTION/INTERNAL FIXATION DISTAL RADIUS FRACTURE

Recovery after wrist surgery entails controlling swelling and discomfort. The following instructions are intended as a guide to help you heal and recover as quickly as possible after your wrist surgery. Any questions or concerns should be asked with your physician before proceeding.

A. COMFORT:

Although surgery typically uses only one small incision on the wrist, swelling and discomfort can be present. To minimize your discomfort, please do the following:

1. **Ice** – Ice controls swelling and discomfort by slowing down the circulation in your hand. Place crushed ice in a cloth covered plastic bag, then apply over your wrist for no more than 10 minutes, 3 times a day.
2. **Pain Medication** – If your physician has prescribed a pain medication for you, take it as prescribed, but only as often as necessary. If no pain medication has been prescribed, Extra-Strength Tylenol or aspirin can be used if you are not allergic. **Avoid alcohol if you are taking pain medication.**
3. **Splint** – A splint may have been applied to your hand to immobilize your wrist to allow for healing. Leave the splint on until your first post-operative visit.

B. ACTIVITIES:

1. **Range-of-Motion** – Move your shoulder/elbow through a full range-of-motion as much as possible to prevent stiffness.
2. **Athletic Activities** – Athletic activities, such as swimming, bicycling, jogging, racquet sports, running and stop-and-go sports, should be

avoided until allowed by and discussed with your doctor after your first follow-up visit.

3. **Return to Work** – Return to work as soon as possible while limiting pressure on your wrist. You should not lift anything heavier than a cup of coffee. Your ability to work depends on a number of factors – your level of discomfort and how much demand your job puts on your elbow and hand. If you have any questions, please call your doctor.
4. **Driving** – Driving is NOT permitted as long as there is significant tenderness and dysfunction in the operative hand.

C. WOUND CARE:

1. Keep the dressing/splint clean and dry until your first post-operative visit.
2. You may shower 1 day after surgery provided the dressing remains dry. Cover the dressing with a plastic bag while showering.
3. Bathing, swimming and soaking should be avoided until allowed by Dr. Romanowski
4. Healing requires several months and **your** cooperation.

D. EATING:

1. Your first few meals, after surgery, should include light, easily digestible foods and plenty of liquids, since some people experience slight nausea as a temporary reaction to anesthesia.

E. CALL YOUR PHYSICIAN IF:

1. Pain in your hand persists or worsens in the first few days after surgery.
2. Excessive redness or drainage of cloudy or bloody material presents itself on the dressing or around the incision.
3. You have a temperature elevation greater than 101° with no apparent cause.
4. You have pain, swelling or redness in your arm or hand.
5. You notice new numbness or weakness in your arm or hand.
6. Chest pain or difficulty breathing.

F. RETURN TO THE OFFICE:

1. Your first return to our office should be approximately 7-10 days after your surgery. Call your physician's office to make an appointment for this first post-operative visit.

PHYSICAL THERAPY INSTRUCTIONS OPEN CARPAL TUNNEL RELEASE

I. IMMEDIATE POST-OPERATIVE PHASE (0 – 3 weeks)

A. Goals:

1. Achieve 80% of wrist ROM, full ROM of thumb

B. Exercises:

1. AROM and PROM exercises for hand and wrist are performed, 6 times per day, 10 repetitions each
 - Wrist flexion and extension, radial and ulnar deviation
 - Finger and thumb flexion and extension
 - Thumb circumduction, abduction, and adduction, if needed
 - Nerve gliding exercises, 3 times per day
 - Median nerve gliding exercise: Move the extremity through the following 5 positions. Hold each position for 5 seconds and repeat 5 times.
 1. Make a fist with the palm down
 2. Straighten fingers
 3. Extend (lift) wrist
 4. Straighten elbow and turn palm up
 5. Use other hand to stretch thumb into further extension
- Ice 3-4 times per day after exercise
 - Grip and thenar strengthening using putty, 3 times per day for 10 minutes is begun at 7-10 days post-op
 - Putty exercises

II. Phase II: 2-3 weeks

A. Goals:

- Full wrist and hand ROM by 3 weeks
- Decrease splint wear during the day as symptoms improve
- Perform ADLs and may return to work if it is a one-handed job or only requires light use of upper extremity.

B. Testing:

- Hand and wrist ROM
- Grip strength

C. Exercises:

- Continue strengthening with putty and ROM exercises as needed
- Scar massage when wound is healed, 4 times per day
 - An elastomer or silicone pad can be worn over scar at night as needed

D. Follow-up:

- The patient normally is seen only with doctor appointments, typically 1 week after surgery,

III. Phase III: 3 weeks to 3 months

A. Goals:

- Return to work with a soft wrist brace, if needed, or, if applicable, a vibration glove
- Decrease splint wear during the day
- Return to heavy labor by 3 months

B. Testing:

- Hand and wrist ROM
- Grip strength