

EARLY MOTION PROTOCOL

Radius / Ulna (Both-Bone) Open Reduction & Internal Fixation

William McLaughlin, MD | Sports Medicine Surgery | Advanced Bone & Joint

Phase 1 | 2-6 Weeks

GOALS FOR THIS PHASE

- Recover finger and then wrist motion within the early post-operative period.
- Protect with removable forearm fracture brace.
- Initiate AROM/AAROM of wrist and pro/supination.
- Begin gentle PROM at week 4.
- Maintain 2 lbs lifting restriction.

Splinting

- Fashion a removable forearm fracture brace along the full length of the forearm holding the wrist in 20-30° extension.
- If a cast has been applied, leave in place until week 4 and fashion the splint at that time.

Motion

- Focus on AROM/AAROM/PROM of the fingers and elbow.
- AROM/AAROM only to wrist extension/flexion and pro/supination for weeks 2-4.
- Begin gentle PROM to wrist/forearm motion at week 4.
- 2 lbs lifting restriction.

Edema Control

- Coban, digit sleeves, ACE wrap, edema modalities per therapist.

Phase 2 | 6-10 Weeks

GOALS FOR THIS PHASE

- Wean from forearm brace by 8 weeks.
- Initiate gentle finger and wrist strengthening.
- Continue wrist AROM/AAROM/PROM.
- Advance lifting restriction (5 lbs at 6 weeks → 15 lbs at 10 weeks).
- Transition to home exercise program at 8-10 weeks.

Splinting

- Wean from forearm brace by 8 weeks after surgery.

Motion

- Begin gentle finger and wrist strengthening using putty or other modalities per therapist.
- Continue wrist AROM/AAROM/PROM.
- 5 lbs lifting restriction starting at 6 weeks.
- 15 lbs lifting restriction at 10 weeks.
- Transition to home exercise program at 8-10 weeks.

Edema Control

- Per therapist.

Phase 3 | 10-12+ Weeks

GOALS FOR THIS PHASE

- Discontinue splint use.
- Continue home program or transition to work conditioning as needed.
- Remove all restrictions after 12 weeks.

Splinting

- No longer necessary.

Motion

- Continue home program vs. work conditioning program PRN at 10 weeks.
- No restrictions after 12 weeks.

This protocol is a general guideline. Progression is patient-specific and at the discretion of William McLaughlin, MD.