

Care of wrist fracture (distal radius)

Care of Wrist Fracture (Distal Radius)

Patient Information

Community REACT Team

- Author ID: RL
- Leaflet Ref: CRT 004
- Version: 5
- Leaflet title: Care of wrist fracture (distal radius)
- Date Produced: September 2024
- Expiry Date: September 2026

Introduction

You have broken (also known as fractured) one or both of the long bones, called the radius and ulna towards the wrist area. This leaflet provides you with information on how to look after your break, what to look out for, how to keep your unaffected joints mobile and when to seek help or advice.

Disclaimer

Not all exercises are suitable for everyone, and while every precaution was taken in selecting these exercises, they do not come without risks. If you have any concerns regarding injury, or whether you should partake in the exercises, then you should contact your GP or Physiotherapist prior to commencing any exercises shown here.

It is quite normal to feel some discomfort following exercise, but it is important that this discomfort eases within 2 hours of finishing the exercise and does not have an overall negative effect on your symptoms.

The exercise plans shown here are designed to be used as a guide and a point of reference; they are not exhaustive and can be modified and progressed under the supervision of your physiotherapist.

How to Manage your Fracture (Break)

Your arm will have been put into a temporary plaster of Paris (POP). Once the early swelling has reduced, a full POP will then be applied. You may have also been given a broad arm sling to help you to control any further swelling. It is also best to ensure you try and keep your arm elevated on a pillow or cushion when a sling is not being used or if one isn't provided.

Your arm may become swollen, progressively stiff, painful, and bruised over the next few days. Please remember bruising is quite normal and can sometimes reach above or below the plaster and into your fingers.

This may stop you from moving your arm normally and so to keep the movement in the joints which have been unaffected by the break, it is important that you take regular painkillers as prescribed by your doctor and to remove your sling (if you have been provided with one) in order to do this.

Unless told otherwise by your physiotherapist or health care professional it will be beneficial to perform the following exercises to maintain your shoulder, elbow and finger joint mobility.

Exercises to keep your joints moving

You should try to do these exercises at least 4 times a day, more frequently if for example your joints feel stiff or painful because you have not moved them.

Shoulder (Perform 5 of each exercise)

Remove your sling (if supplied with one) and if your wrist is painful, you may want to support your arm with the other hand.

- Raise your arm above your head
- Lift your arm out to the side
- Try and take your arm behind your back

Elbow (Perform 5 of each exercise).

Remove your sling (if supplied with one)

- Bend and straighten your elbow as fully as you can. If this exercise is painful you may need to support your arm.

Fingers

- Try to touch the tip of each finger with your thumb.
- Try to make a fist and then spread your fingers as far apart as possible.

What to look out for and when to seek advice

Please seek advice if you notice any increase in your pain whilst resting, loss of sensation or strength in your arm, feelings of pins and needles or burning, or if you notice any change in colour to your hand and / or fingers i.e. white or blue. This may indicate altered blood supply and could be a sign of “compartment syndrome”, which usually occurs within 48 hours after injury. With “compartment syndrome” there is an increase in pressure due to fluid building up around the muscles affected by the injury. Due to its confined space the muscles may not get enough oxygen and will then become damaged if left untreated. This can lead to further build-up of fluid as the body tries to heal itself and this increases the pressure further. If this pressure builds up it will require immediate treatment to prevent more serious complications.

Any concerns please contact our fracture clinic on **01942 822109** Monday to Friday (8.30am until 5pm) or your health care professional named below:

Name:

.....

Tel No:

.....



Version number: **5**
Last modified date: **13th June 2026**

All rights reserved © 2026
WWL Teaching Hospitals NHS Foundation Trust