

Wrist Fracture (Distal Radius)

What You Need to Know

What Is a Distal Radius Fracture?

A distal radius fracture — a break at the lower end of the radius bone, just above the wrist — is the most common fracture in the human body, accounting for approximately 17% of all fractures. It most commonly occurs from falling on an outstretched hand (FOOSH mechanism). The most well-known type is a Colles' fracture, where the broken fragment tilts backward (dorsally), creating the classic "dinner fork" deformity.

Distal radius fractures range widely in complexity — from simple, non-displaced breaks treated in a cast to severe comminuted (multi-fragment) fractures requiring surgical plating. Your treatment and recovery timeline depends significantly on the type and severity of the fracture.

What Can I Expect in Recovery?

Non-surgical recovery (cast/splint):

- Cast or splint for 4–8 weeks depending on fracture stability
- Fingers, elbow, and shoulder should be moved regularly during immobilization
- PT begins immediately after cast removal: range of motion, edema control, nerve gliding
- Strengthening begins at 8–10 weeks as bone healing allows
- Full functional recovery: 3–6 months

Surgical recovery (ORIF — open reduction internal fixation):

- Surgery: plate and screws hold the bone in correct alignment
- PT typically begins 1–2 weeks after surgery
- Earlier mobilization than non-surgical — hardware provides stability
- Grip strength and forearm rotation are primary PT targets
- Return to full activity: 3–6 months; heavy manual work may take longer

What Does Recovery Feel Like?

- Significant swelling and stiffness after cast removal — this is normal and temporary

- Wrist motion returns gradually — some stiffness may persist for months
- Grip strength may take the longest to fully return
- Cold sensitivity and aching in the wrist with weather changes is common and improves over 1–2 years

When Should I Be Concerned?

- Increasing rather than decreasing pain weeks after injury
- Signs of infection after surgery
- New numbness or tingling in the hand (possible nerve irritation)
- No improvement in range of motion despite consistent PT

The Good News

Distal radius fractures, even complex ones treated surgically, heal reliably with excellent outcomes. Physical therapy is critical to restoring the range of motion, strength, and coordination that the wrist needs for daily function. Consistent engagement with PT — especially in the early weeks after cast removal or surgery — makes the single biggest difference in how well and how quickly you recover.

Most patients regain full functional wrist use within **3 to 6 months** with dedicated physical therapy.

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