

TRAUMA

Distal radius and wrist fractures

Treatment choices and rehabilitation after a break of the radius near the wrist, with attention to hand movement and nerve symptoms.

Patient information, treatment choices, risks, recovery and a space to record your individual plan.

Understanding your injury

A distal radius fracture breaks the forearm bone near the wrist, often after falling onto an outstretched hand. The ulna, ligaments or joint surface may also be injured. Assessment includes wounds, deformity, finger movement, circulation and sensation. X-rays show alignment and joint involvement; more detailed imaging may be needed for complex injuries. Treatment considers the fracture and the demands you place on your hand.

Treatment and the procedure

A fracture with satisfactory alignment may be managed with a splint or cast. If displaced, the bones may be manipulated under suitable pain control before immobilisation. Surgery is considered when acceptable alignment cannot be obtained or maintained, or when other features require it. Fixation may use wires, plates and screws or an external frame. Follow-up may include repeat X-rays because some fractures move during healing.

Benefits, risks and expectations

If surgery is planned, discuss bleeding, anaesthetic risks and complex regional pain syndrome as well as the risks specific to your injury. Your general health and the extent of surgery affect your personal risk.

- Treatment aims to achieve a useful, comfortable wrist. Some lasting stiffness, discomfort or change in appearance can remain even after the bone heals.
- Discuss infection, nerve or tendon injury, tendon irritation or rupture, loss of position, metalwork symptoms, poor healing, arthritis and further surgery.
- Complex regional pain syndrome can cause disproportionate ongoing pain, swelling, colour change and stiffness. Persistent symptoms need review rather than simply waiting for them to settle.

RECOVERY AND YOUR CONSULTATION

Distal radius and wrist fractures

Use this guidance to prepare your individual plan with the treating team.

Rehabilitation and aftercare

Follow the written instructions for cast or splint use, wound care and lifting limits. Keep the cast dry and elevate as advised. Finger movement and exercises for uninjured joints are usually encouraged; wrist and strengthening exercises begin when authorised. Hand therapy may help with swelling, stiffness, scar sensitivity and grip. Return to driving, work and sport is individual. A low-energy fracture may prompt bone-health and falls assessment.

When to get urgent help

- Seek emergency assessment for a cold or discoloured hand, worsening numbness, or severe increasing pain. Contact your team promptly about fever, discharge, a tight cast or difficulty moving the fingers.
- New inability to lift the tip of the thumb needs prompt review. Call 999 for chest pain or severe breathlessness.

Your consultation

Ask whether the joint surface is involved, how stable the fracture is and whether surgery would improve your expected function. Consent includes alternatives and any planned wire or metalwork removal.

Sources and further reading

AAOS: Distal radius fractures

<https://www.orthoinfo.org/diseases--conditions/distal-radius-fractures-broken-wrist/>

University Hospitals Sussex: Distal radius fractures and hand therapy

<https://www.uhsussex.nhs.uk/resources/distal-radius-fractures-virtual-hand-fracture-clinic/>

Gloucestershire Hospitals: Distal radial fracture

<https://www.gloshospitals.nhs.uk/our-services/services-we-offer/trauma-orthopaedics/hand-clinic/wrist-trauma/distal-radial-fracture/>

NHS: Broken arm or wrist

<https://www.nhs.uk/conditions/broken-arm-or-wrist/>

NHS: Pulmonary embolism

<https://www.nhs.uk/conditions/pulmonary-embolism/>

CLINICIAN-COMPLETED WORKSHEET

Your consent discussion

Distal radius and wrist fractures

This blank worksheet is not an executed consent. Complete it after clinical assessment with the treating clinician. The hospital or clinic must also complete its required consent process before treatment.

Patient name / identifier, date of assessment and communication support needed

Diagnosis, affected side / site and the proposed procedure or treatment

Reasonable alternatives discussed, including the option of no treatment

Expected benefit for this patient, limits of treatment and uncertainties

Material risks and personal risk factors - record the risks that matter to this patient

Patient's priorities, questions, understanding and agreed decision / time to consider

Treating clinician name, role and signature / date

Patient / representative name, signature and date - acknowledgement of discussion only

A signature here records a discussion; it does not replace a completed treatment consent form. You may ask further questions or change your decision before treatment.

CLINICIAN-COMPLETED WORKSHEET

Your rehabilitation and aftercare plan

Distal radius and wrist fractures

Complete this plan after assessment. The advice must match your injury or operation, imaging, wound and medical history. Do not start limb loading, remove protection or change medicines using an uncompleted worksheet.

Limb loading / weight bearing, walking aids, sling / cast / boot / brace and protection

Wound / dressing care, bathing, elevation and swelling advice

Medicines, pain relief, clot prevention and any treatment-specific restrictions

Exercises, physiotherapy, range of movement and progression criteria

Work, driving, sport and daily activities - individual restrictions / review points

Review date, imaging / tests, named clinician and routine / out-of-hours contact details

Clinician completing this plan, signature / date and patient questions

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