

# Getting Your Hand Moving After a Wrist Fracture

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## **Now my plaster has been removed, what can I do?**

It is normal to feel some pain after the plaster has been removed and, as your hand hasn't moved for some weeks, it will feel vulnerable too. If you have been given a splint, wear this for the minimum recommended time, as it will restrict normal movement which helps the recovery process.

If you need it, pain relief medication can be very useful to help you have the confidence to exercise and use your hand. Always read the label when using over-the-counter medication and, if you are in any doubt, speak to your pharmacist or GP. **If your pain becomes severe or continuous, you should contact your GP.**

## **When you get home**

Unless you have had an operation on your wrist, soak your hand and forearm in warm, soapy water, allowing your hand to float and move. Pat it dry with a towel and then moisturise thoroughly. Do this 2–3 times a day until the skin feels normal. Do not pick or rub at the skin as this can make it sore. If you have had a wound, do this as soon as the skin is fully healed and the scabs are off and the wound is dry.

## **Reducing swelling**

Swelling is common and will get in the way of normal movement. Reduce this more quickly by:

- high elevation – rest with your elbow up at shoulder height, with your hand upright, as often as possible;
- pump your fingers open and closed, then apart and together to boost the circulation; and
- massage the whole of your forearm and hand from the tips of your fingers to your elbow 2–3 times a day. Take your time over this.

## Improving movement

It is important to get as much movement back as soon as you can, so you can start to use your hand normally. Doing your exercises throughout the day will help this to happen more quickly.

Using gentle heat and/or pain relief will make this easier. You can do this with warm water soaks, a hot water bottle wrapped in a towel or a wheat bag. Do not use heat on a swollen wrist or if reduced sensation makes it difficult for you to know when it is too hot.

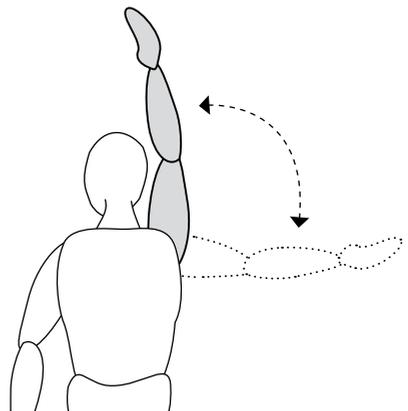
You will need to do your exercises for several weeks. To start with they will focus on your range of movement and dexterity. From about 10 weeks after the fracture you can usually start to gradually introduce some resistance. Your physiotherapist will advise you when to introduce this.

## Exercises

These exercises should be carried out several times a day – work at gradually increasing your range of movement. Exercise within your pain limits, but expect some discomfort. This should settle through the day.

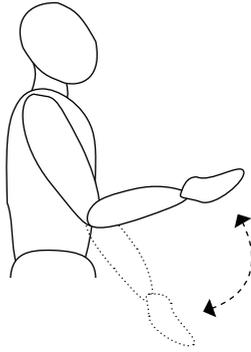
### Shoulder

Lift your arm above your head as close to your ear as you can and then reach out to the side.



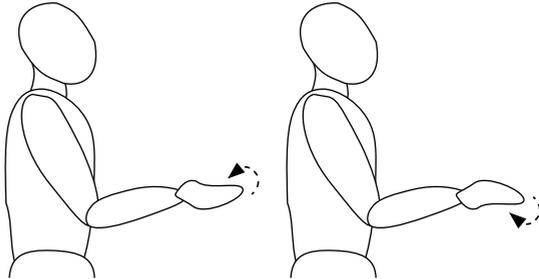
## Elbow

Bend and then straighten your arm fully.



## Forearm

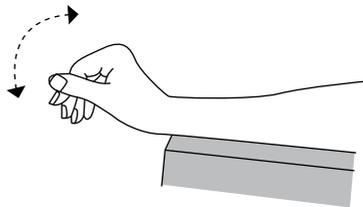
With your elbow tucked into your side, turn your palm up and down.



## Wrist

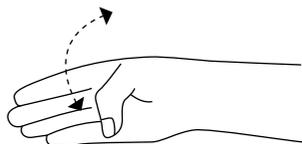
Place your forearm on a block and:

- lift and lower your hand as far as you can;
- tilt your wrist from side to side;
- circle your hand clockwise and then anticlockwise.



## Thumb

- a) Stretch your thumb as far away from your hand as possible, then reach across to the base of your little finger.
- b) Run your thumb up and down each of your fingers.



## Fingers

Make a full fist and then stretch your fingers out. A soak and stretch in warm water will help if your fingers are stiff.

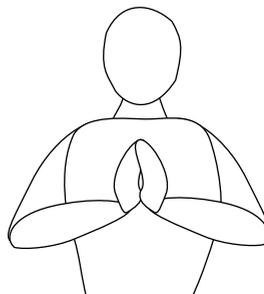
## Dexterity

Button box – feel for different shapes and sizes. You could also use pasta, lentils or paper clips, or try turning playing cards over and then back again.

## Later exercises

### Prayer stretch

Place your palms together and move your elbows apart.



### Palm up and down

Turn your palm up and down holding a plastic bottle at the neck. Make it heavier by gradually filling the bottle with water.

### Strength work

- a) Play-doh – rolling, pinching, gripping, pulling, making a flower/dog etc.
- b) Pinching clothes pegs.
- c) Undoing bottles and jars.
- d) Turning keys in locks.

## **Returning to normal function**

### **Driving**

You can return to driving when you have enough movement and strength to grip the steering wheel and control a car – usually some weeks after the removal of the plaster cast. Remember to inform your insurers.

### **Returning to housework**

Light housework will help get your hand and wrist moving, but avoid lifting the kettle and heavy pots early on to allow the fracture to heal. Gradually increase as you feel able to.

### **The shape of your wrist**

This is often a worry as your wrist may look larger and a different shape. As the bone heals, the lump formed may be prominent and will take 12–18 months to settle fully. Please be aware that your wrist may never return to its previous shape.

### **Pain**

Pain, especially on the little finger side of your wrist, can last for up to a year after a fracture and should subside gradually. This is normal and does not mean your wrist is not healing properly.

### **Hypersensitivity**

Sometimes the wrist and hand can be overly sensitive to touch, making it difficult to tolerate clothing and making you less confident in using your hand. This will settle with regular, firm massage, but should not be ignored as it will not settle on its own. Please speak to your physiotherapist if you experience this.

The best way to massage is fairly firmly, with straight fingers of your other hand, several times a day, with hand cream.

## **Balance**

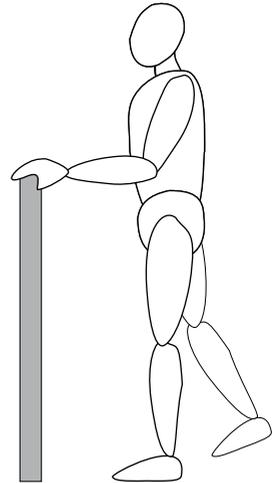
After a wrist fracture, it is quite common to lose confidence with your balance when walking. This can be improved with the following exercise:

In a standing position, holding onto a stable surface if necessary, balance on one leg. Hold for five seconds and then relax.

Progress to not holding onto a support.

Try to balance for one minute.

Practise this exercise at least once a day, until your confidence improves.



## **Further information**

This booklet has been produced for patients who have had their plaster removed, to continue the advice given by their physiotherapist or consultant. If you need further information about your wrist fracture, please speak to your consultant, GP or physiotherapist.

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