



☐ Frisbie Memorial Hospital

☐ Marsh Brook Rehabilitation Services

☐ Wentworth-Douglass Hospital

## **CLINICAL PROTOCOL FOR COLLES FRACTURE – SIMPLE**

**FREQUENCY:** 1-3 times per week.

**DURATION:** Up to 12 visits over 4-6 weeks based on Occupational Therapy evaluation findings.

**NOTE:** Treatment does not usually begin until the fifth week when cast has been removed.  
If it occurs earlier, follow specific directions by physician.

**DOCUMENTATION:** Progress Note to physician at each follow-up appointment. Follow treatment calendar for daily requirements. Discharge Summary within 2 weeks of discharge.

### **VISIT ONE – INITIAL EVALUATION:**

#### **GOALS:**

- 1) Standard Evaluation:
  - Circumferential measurements of elbow, forearm, wrist.
  - Active range of motion of elbow, forearm, wrist, and digits.
  - Volumes.
  - Sensory if necessary.
  - Grip and pinch strength if appropriate.
- 2) Fabricate cock-up splint, clamshell cock-up splint, or fracture brace if appropriate.
- 3) Instruct in application of edema control techniques (elevation, coban, and/or tubigrip).
- 4) Educate on precautions regarding fracture healing.

If patient presents with the following Self-Management Criteria:

- Minimal to no limitation of active range of motion;
- Minimal to no edema;

then patient can be placed on a home exercise program in conjunction with splint wearing. The patient is to be evaluated regarding activities to avoid. Follow-up appointment to be made every 1-2 weeks until Discharge Criteria has been met. If patient does not meet above criteria, then a course of formal rehabilitation will be initiated 2-3 times per week until above criteria has been met.

*Rehab 3: One High Standard, Three Local Partners*  
For more information go to [www.rehab-3.com](http://www.rehab-3.com)

7 Marsh Brook Drive, Suite 101, Somersworth, NH 03878

Tel: 603-749-6686

Fax: 603-749-9270

**DISCHARGE CRITERIA:**

- 1) Patient is independent with home exercise program.
- 2) Minimal to no pain.
- 3) Active range of motion of wrist, forearm, and digits within normal limits or to amount determined by physician.
- 4) Grip strength at least 50% of non-involved.
- 5) Failure to progress.
- 6) Failure to comply.

**-TREATMENT GUIDELINES-****5-6 WEEKS POST-INJURY (providing have physician approval):****GOALS:**

1. The patient will demonstrate proper home exercise program techniques.
  2. The patient will increase total active range of motion of wrist and other involved joints by at least 10 degrees.
  3. If edema is present, the patient will show at least a 10% decrease in volumetric measurements.
- Continue with edema control techniques.
  - Continue with active range of motion exercises.
  - Weighted wrist stretches.
  - Light, inline, hand strengthening.
  - Begin weaning from splint.
  - Begin elbow strengthening.
  - Modalities as needed (i.e. fluidotherapy, paraffin).

**6-8 WEEKS POST-INJURY (providing have physician approval):****GOALS:**

1. The patient will achieve all goals set under Discharge Criteria.
- Continue with treatment under 5-6 Weeks as appropriate.
  - Joint mobilization.
  - Wrist and forearm strengthening.
  - Dynamic/Static progressive splinting of wrist/forearm if needed.
  - Review home exercise program and self-management.