Distal radius fractures & functional recovery

Treat instability and neurological risk while keeping patient goals central.

SURGICAL DECISIONS / ADULT TRAUMA

Radiographs inform treatment, but functional demand, neurological status and the likely benefit of surgery determine the decision.

01 Assess & document

Record skin condition, circulation and sensation, including median-nerve symptoms. Obtain posteroanterior and lateral wrist views. Open injury, threatened skin or neurological compromise requires prompt escalation; reassess after reduction or immobilisation.

02 Restore safe alignment

Use appropriate anaesthesia and trained staff for indicated manipulation. A cast should maintain reduction without forcing marked palmar flexion. Check comfort, swelling and neurovascular findings, and give clear advice about symptoms that need urgent review.

03 Discuss the benefit

For typical older-adult groups, AAOS/ASSH evidence shows no better long-term patient-reported outcomes with surgery than non-operative care. Age is a proxy for demand, not a rigid rule. Consider instability and individual priorities.

04 Organise follow-up

Arrange early fracture review. Repeat radiographs when instability could change the treatment decision. Set a mobilisation plan and assess bone health and falls risk after a low-energy injury. Explain expected recovery and reasons for an earlier return.

WATCH POINT Progressive numbness, increasing pain or impaired circulation after casting requires urgent reassessment; do not wait for the routine appointment.

DISCUSS WITH THE TEAM

Will correcting this radiographic feature improve the outcome that matters most to this patient?

READ THE SOURCES

[1] BOASt: Management of Distal Radial Fractures (December 2017).
[2] AAOS/ASSH distal radius guideline (2020); published guideline summary (2022).

Educational summary for clinicians. Apply local protocols and patient-specific judgement.