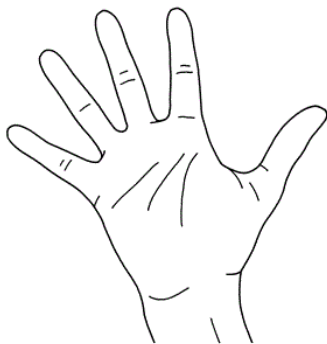


Following an injury to your wrist, your wrist and fingers may be stiff. These exercises are designed to help you restore normal use as soon as possible by reducing swelling and pain and improving the range of movement. The information provided is a guideline and specific problems can be discussed with your therapist.

If your wrist and hand are swollen do not let your arm hang by your side, place your arm across your chest and keep above the level of your heart. Do not be afraid to use your hand as pain allows, this will reduce swelling.

Exercises should be performed without producing pain, although a comfortable stretch at the end of the movement is acceptable.

**1. Hand to fist**

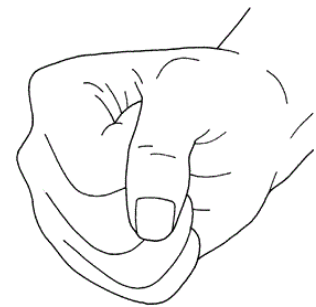


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Open your hand out spreading the fingers wide and stretch the palm.

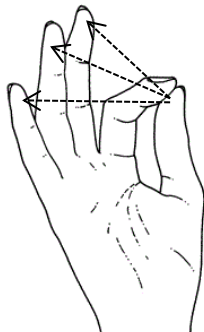
Close the hand into a tight fist.

Repeat ..... times



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**2. Touch finger tips**



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Elbow or back of your hand on a table.

Put your thumb against each fingertip in turn.

Repeat .....times

Practise picking up small objects between finger tips (pens and pins).

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**3. Double handed wrist rotations.**

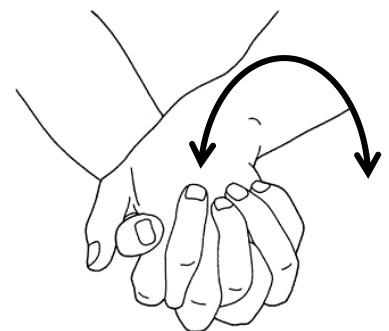


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Clasp your hands together and support your forearms on a table with your hands over the edge.

- a) Bend your wrists up and down leading with the thumb.
- b) Turn your palms over showing the backs of your hands to the floor.

Repeat .....times.



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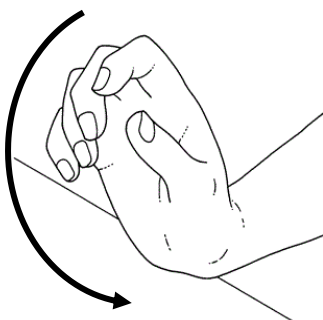


**4. Catch an apple**

Support your elbow on a table and keep your hand up. Bend your wrist back and make a fist.

Open up your hand as if to catch a falling apple, keep your wrist extended back.

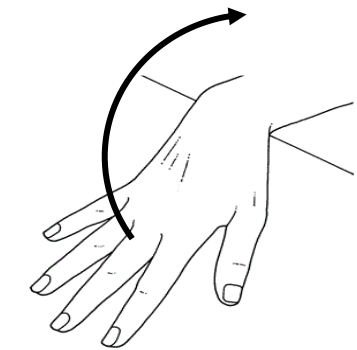
Repeat .....times.



**5. Wave up & down**

Rest your hand over the edge of a table. Slowly wave the hand up and down going through full range.

Repeat .....times.



**6. Knock/slap**

Sitting at the table with your forearm supported, make a fist and knock on the table with your knuckles. In the same position, now open your hand and slap the table with your palm. Now combine the movements: knock, slap, slap

Repeat..... times

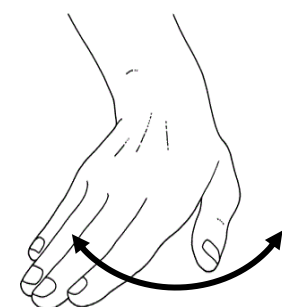


**7. Wave side to side**

Hold fingers and wrist straight.

Bend wrist first towards the little finger and then towards the thumb.

Repeat..... times

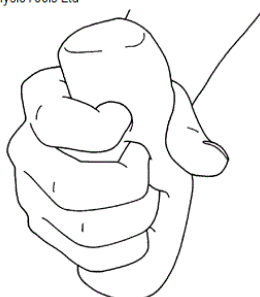


**8. Squeeze putty**

Support your forearm on a table holding putty in your hand.

Bend your fingers pressing deeply into the putty. Then straighten fingers as much as possible.

Repeat..... times





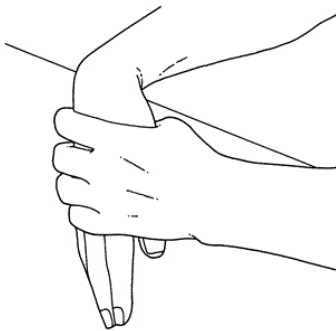
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### 9. Prayer stretch

Sit or stand with forearms horizontally in front of you and palms together.

Push palms together for 5 secs. Relax.

Repeat .....times



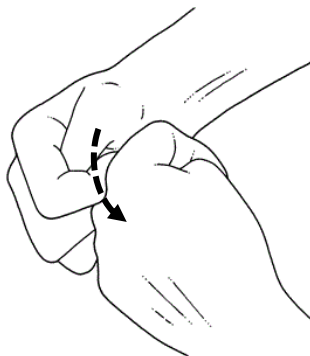
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### 10. Wrist bend with assistance

Forearm supported on a table with your hand over the edge and palm facing down.

Let your hand drop down. Gently assist the movement with your other hand.

Hold ...5....secs. Repeat..... times



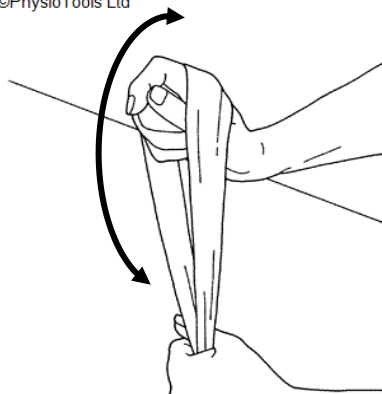
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### 11. Wrist strengthening (isometric)

Try to bend the wrist and hand down while preventing movement with your other hand. Hold approx. 30 secs.

Repeat.....times

Try doing this in other wrist directions (up, down, side to side).



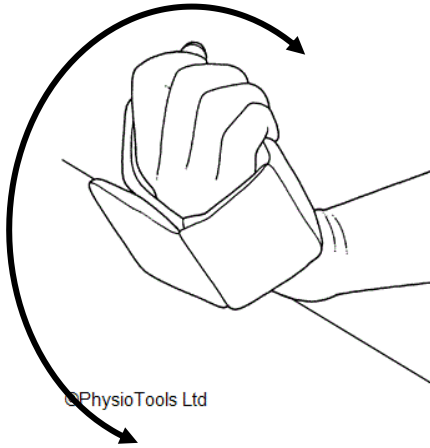
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### 12. Wrist extension strengthening (concentric)

Support your elbow and forearm on a table and let your wrist drop over the edge. Put a rubber exercise band around your knuckles and hold onto the band under the hand.

Extend your wrist as much as possible while resisting movement with the other hand.

Repeat.....times



### 13. Wrist flexion strengthening (concentric)

Place your forearm on a table with back of your hand facing down. Put a weight round your hand. Slowly bend your wrist up as far as possible.

Repeat ..... times

### Evidence

Although there is a good deal of research published, it is common in healthcare research that conclusion are not perfectly clear how best to manage rehabilitation of adults with fractured distal radius, with or without surgical fixation. However these findings should not be understood as a basis for not providing any rehabilitation intervention. General advice and instruction on mobilisation and exercise should be given to all patients after distal radius fracture has established healing. There is a case for specialist assessments, likely by physiotherapist, with advice and instruction to perform the above exercises soon after cast removal. Additional therapy could be necessary for patients with complications after fracture; again the physiotherapist can help with this.

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- Mitsukane M et al (2015) Immediate effects of repetitive wrist extension on grip strength in patients with distal radius fractures. Arch phys med rehabil 2015;96:862-8.
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