

Wrist Immobilisation: Short Arm

Immobilisation of the Wrist:

Radiocarpal and Ulnocarpal Joint
Midcarpal joint
Carpometacarpal Joints (CMCJ)

Injuries may include:

Distal Radius fractures, Ulna fractures, Carpal Fractures (excluding trapezium fractures), Metacarpal base fractures, Wrist tendon injuries, Wrist ligament injuries

Avoid including joints which do not affect movement at the wrist joints.

1. Avoid Including the MCP joints of the finger and thumb

- Unnecessarily immobilising the MCPJ may increase stiffness and reduce lymphatic drainage which can increase oedema and pain
- Bring distal portion of the orthosis to the distal palmar crease of the hand . This will allow full movement of the MCPJs and IPJs



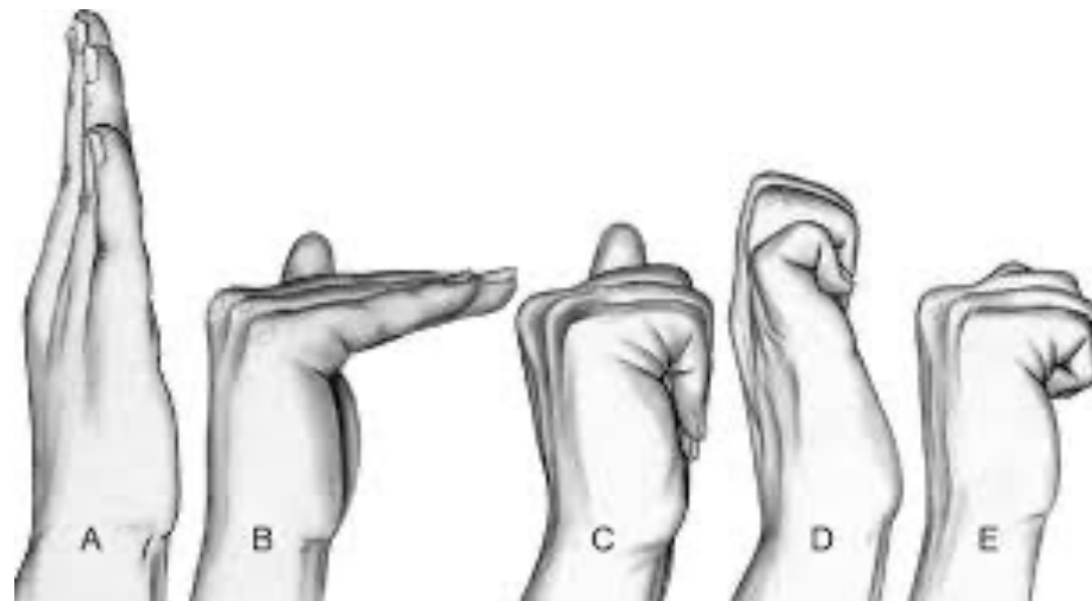
These casts come above the MCPJs, limiting movement and increasing the risk of stiffness and pain



Cast stops at the distal palmar crease allowing full ROM of the MCPJs

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2. Advise the patient to commence active finger range of movement
 - Movement pushes oedema through the lymphatic vessels
 - Improving the glide of the flexor and extensor tendons improving movement of the fingers
 - Tendon gliding - series of finger ROM exercises (see below)



Tendon gliding exercises

3. Avoid bringing too far proximally
 - The cast/splint may put pressure on the volar elbow leading to pressure areas and/or skin abrasions

