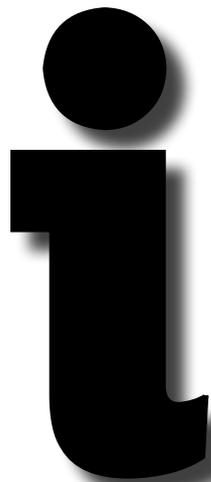
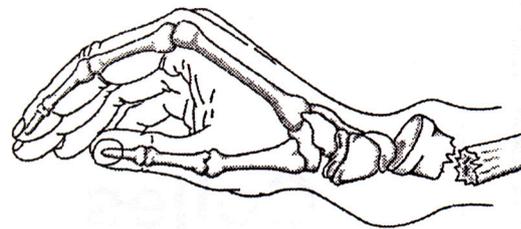


Colles Fracture - advice following removal of your plaster (page 1 of 3)



A Colles fracture is a break in the radius bone of the forearm, just above the wrist. Commonly caused by a fall on to an outstretched hand, signs and symptoms include pain, deformity, swelling and loss of function.



Treatment

If the two pieces of bone are close together you will be treated by immobilising the wrist and forearm in a plaster cast for 6 weeks. If the bones have moved, and are likely to move again you may need surgery to reposition them. Wires or a metal plate may be used to help keep them in the right position. Immobilisation in a plaster cast is still required after the operation.

Rehabilitation begins immediately. Maintaining movement at the shoulder, elbow, fingers and thumb on the affected side while the wrist is in plaster will prevent further complications.

After the plaster is removed

It is normal for your wrist to feel stiff and vulnerable when the plaster is removed. You may also have swelling, pain, weakness and reduced movement. Dry skin, dark hairs, discolouration and altered sensation are also common.

After the plaster is removed the dry skin will shed in the normal way, use unperfumed simple moisturising cream to help with this. Dark hairs will also fall out and grow back naturally.

The discolouration and altered sensation will gradually diminish over a few weeks.

You may be given a wrist support to wear after the plaster is removed. Wear this as instructed, but remove it to do your exercises.

Exercises

Exercise is a very important part of your rehabilitation. The discomfort in your wrist will reduce with exercise, but it is likely to ache until it is fully mobile.

If you need your information in another language or medium (audio, large print, etc) please contact Customer Care on 0800 374 208 or send an email to: customer@salisbury.nhs.uk

You are entitled to a copy of any letter we write about you. Please ask if you want one when you come to the hospital.

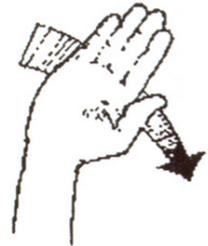
If you are unhappy with the advice you have been given by your GP, consultant, or another healthcare professional, you may ask for a second (or further) opinion.

The evidence used in the preparation of this leaflet is available on request. Please email: patient.information@salisbury.nhs.uk if you would like a reference list.

For all exercises start off with 5 repetitions and progress up to 10 over a few days. Do the exercises slowly and gently to begin with. Continue the exercises until you feel you have the range of movement and strength to carry out your daily activities.

The Queen's wave

Rest your elbow on a table with the hand held up. Support your forearm by holding with your other hand. Keep your forearm still whilst moving your hand.



Prayer position

With your forearms resting on a table, push your palms together to perform the 'prayer position'.



Getting change in the shop

Keep your elbow bent and tucked into your side. Turn your hand over so the palm faces the ceiling (ensure your elbow is kept still) then twist your wrist so the palm faces the floor.



Finger to thumb (opposition)

Move your thumb to touch the tip of each finger.



Making a fist

Curl your fingers round to make a fist and then straighten fully.



Flexing and extending your wrist

Place your arm on a table with your hand relaxed over the edge of the table. Move your wrist up and down as far as you can. You can also use your other hand to give a little stretch.



What else can help?

- Taking regular pain relief helps you to perform more effective physiotherapy exercises.
- When resting keep your arm raised on pillows to help reduce the swelling
- Practising wrist and finger movements with the hand and wrist in warm water can help ease stiffness.
- Soak your hand in warm soapy water. Rub the skin gently and pat dry. Use an unperfumed moisturising cream.
- If your wrist and hand are swollen and feeling hot, you can apply an ice pack or packet of frozen peas wrapped in a tea towel. Only use for 10 minutes at a time.

Physiotherapy

After your Colles fracture, you may not necessarily be referred for physiotherapy. However, if you struggle to improve your wrist movement, please speak to your GP or consultant.

When can I return to work?

This will depend on the type of work that you do; ask your consultant or physiotherapist. Avoid heavy work for at least 6 weeks after your plaster is removed or until advised by your Consultant or Physiotherapist.

If your symptoms worsen significantly please contact the Orthopaedic Therapy Team, Outpatient Physiotherapy (if you have been referred) or Orthopaedic Outpatients.