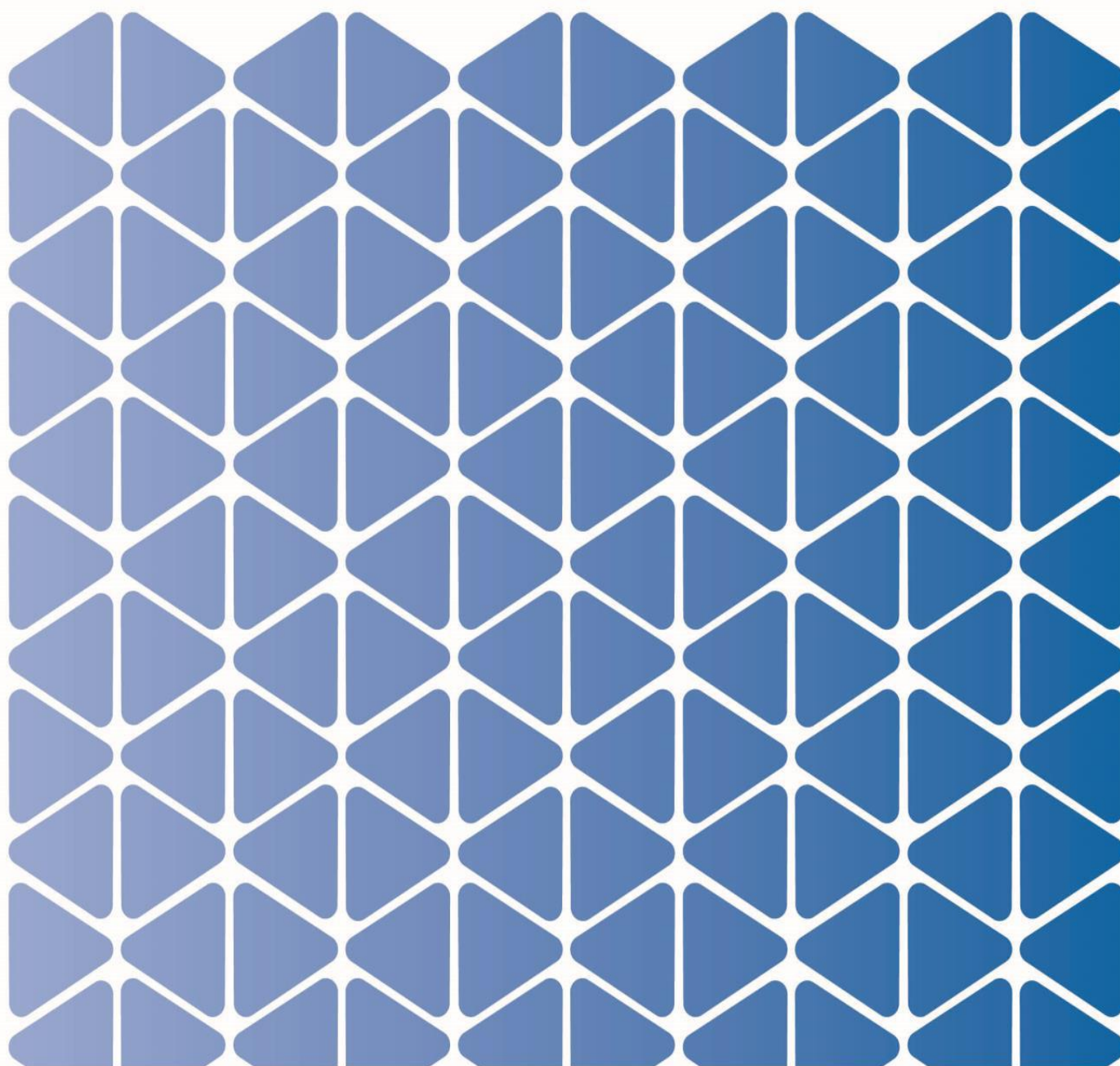


PATIENT INFORMATION**IN-CAST EXERCISES FOR
FRACTURES OF THE WRIST**

Why is it important to keep my other joints moving whilst in the cast?

Though you are currently unable to move your wrist in the cast whilst the fracture heals, keeping the joints above and below moving will help to reduce stiffness, manage swelling and reduce the risk of developing sensitivity or feeling pain in response to normal sensations non-harmful such as light touch, different textures or temperatures and pressure.

Following this advice means that when the cast is removed, your function is likely to be better.

Once your cast has been removed following the necessary period of time, you should be seen by a clinic doctor who will refer you to physiotherapy if required.

Exercises to be completed whilst in your cast.

Please note, it is of vital importance that you only complete the exercises you have been told to complete. If you are experiencing pain in any other joints such as your shoulder or elbow which have not been assessed to rule out injury, please seek assessment first by contacting your fracture clinic.

- Complete these exercises every hour as able.
- Continue to use your hand normally for light activities such as: buttons and zips, writing if able, brushing your hair, eating at mealtimes, turning pages in a magazine or a newspaper. Doing this helps maintain the muscle memory of movement.
- Control excessive swelling by elevating your arm up high, ideally above the level of your heart.

You must contact your fracture clinic immediately for advice if:

- Your cast feels too tight at any time, and this does not improve with elevation to reduce swelling.
- If you feel you can't do the exercises or tasks because your cast is restricting the movement of your fingers, thumb or elbow please contact fracture clinic for advice immediately so that your cast can be changed or adjusted.

Exercises

Elbow bend and straighten.

Standing up or sitting. Hold a supportive surface if required when standing.

Relax your arm and straighten your elbow as much as possible.

Slowly, bend your elbow bringing your palm towards your shoulder.



Reaching to ceiling

Standing up or sitting. Hold a supportive surface if required when standing.

With a straight arm, lift your hand up towards the ceiling to flex the shoulder.



Finger flexion – small knuckles

As best as you can, bend just the end joints of your fingers to the touch the top of the palm and the bottom of the palm to the positions shown below.

Please bear in mind that everyone's range of movement before an injury may differ, if you cannot achieve this on your other hand, aim to reach the same on both. Swelling following your fracture may also limit you at this stage, but trying to do the movements as able will reduce stiffness and improve function when your cast is removed, and as swelling goes down.



Finger flexion – main knuckles

Keeping the end two small joints of your fingers straight, bend just the main knuckles of your hand as best as you can. Bring the fingertips towards the thumb.

Hold for a moment, then relax again.



Making a fist

As best as you can – close all of your fingers and the thumb towards the palm to make a fist.

Hold for a moment and then relax again.

Next, spread all the fingers and your thumb as wide as you can.



Thumb circles, flexion and opposition

- 1) Make a 'thumbs up' sign. Gently circle the thumb as able.
- 2) Bend the end joint of your thumb down as able and lift it back up again as shown.
- 3) Touch the thumb and end of each fingertip together as able.



Feedback for Inpatient Therapies

Please scan the QR code or follow the link below:

If you have been seen by a Physiotherapist or Occupational Therapist during your admission, please leave us some feedback by scanning the QR code or following the link and filling in the short survey.



<https://apps.worcsacute.nhs.uk/PublicSurvey/AHPFeedback>

Ward admitted to: _____

Therapy team who treated you: _____

If your symptoms or condition worsens, or if you are concerned about anything, please call your GP, 111, or 999.

Patient Experience

We know that being admitted to hospital can be a difficult and unsettling time for you and your loved ones. If you have any questions or concerns, please do speak with a member of staff on the ward or in the relevant department who will do their best to answer your questions and reassure you.

Feedback

Feedback is really important and useful to us – it can tell us where we are working well and where improvements can be made. There are lots of ways you can share your experience with us including completing our Friends and Family Test – cards are available and can be posted on all wards, departments and clinics at our hospitals. We value your comments and feedback and thank you for taking the time to share this with us.

Patient Advice and Liaison Service (PALS)

If you have any concerns or questions about your care, we advise you to talk with the nurse in charge or the department manager in the first instance as they are best placed to answer any questions or resolve concerns quickly. If the relevant member of staff is unable to help resolve your concern, you can contact the PALS Team. We offer informal help, advice or support about any aspect of hospital services & experiences.

Our PALS team will liaise with the various departments in our hospitals on your behalf, if you feel unable to do so, to resolve your problems and where appropriate refer to outside help.

If you are still unhappy you can contact the Complaints Department, who can investigate your concerns. You can make a complaint orally, electronically or in writing and we can advise and guide you through the complaints procedure.

How to contact PALS:

Telephone Patient Services: 0300 123 1732 or via email at: wah-tr.PALS@nhs.net

Opening times:

The PALS telephone lines are open Monday to Friday from 8.30am to 4.00pm. Please be aware that you may need to leave a voicemail message, but we aim to return your call within one working day.

If you are unable to understand this leaflet, please communicate with a member of staff.