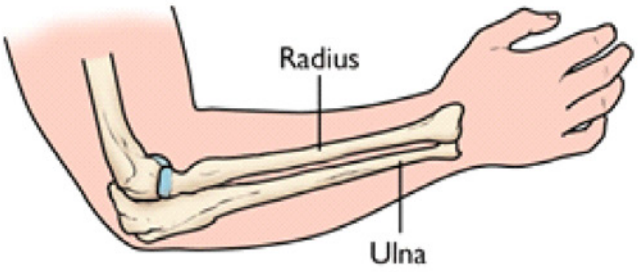
University Hospitals Dorset
NHS Foundation Trust

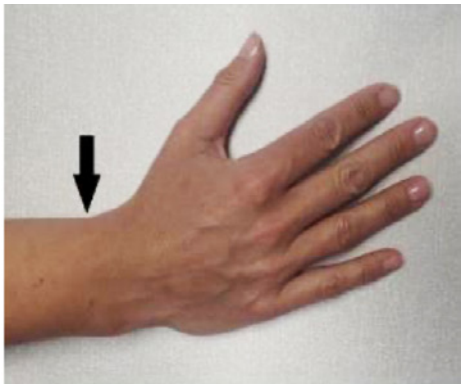
Wrist fracture

Fracture care team Patient information

You have a wrist fracture (break). This usually happens at the lower end of your radius (the bone on the thumb side of your forearm at the wrist). Sometimes there is also a small fracture of the tip of the ulna bone as well.

Area of injury





How will my injury be managed?

These injuries are normally managed with either a cast or splint. This will usually stay on for 4-6 weeks. You will be told in fracture clinic how long it needs to stay on for.

Sometimes we need to consider if an operation is needed. This will be discussed with you. We will help you understand what it would mean for you.

What to expect with my injury in the first few weeks

Healing:

This injury normally takes about 6-12 weeks to heal. This is the same even if you have an operation. It is normal for it to continue to ache a little for 3-6 months after the injury.

Pain and swelling:

- Take pain killers as needed.
- Raise the arm when resting to reduce swelling for the first few days, or longer if needed. Try and have your hand higher than your heart. You may find it helpful to use a sling.
- Try not to use the wrist and hand too much for the first 1-2 weeks. This allows the early stage of healing to begin.
- Moving the fingers, thumb, and arm can help swelling and pain. Please see the Stage 1 exercises (page 4).

Occasionally, some patients have problems with higher-than-expected levels of pain and swelling while in the cast or splint. They may feel their plaster cast is too tight and ask for their plaster cast to be changed several times. If you experience any of these symptoms, it is important you let us know. You can talk to the clinician in clinic or get in contact with us on the contact details on page 7.

You may feel some numbness or pins and needles in your hand. This is because the nerve can get annoyed by the injury or the swelling. This should improve over time. If it becomes more frequent/ noticeable please let us know.

Moving and using your arm:

It is important to keep your fingers and thumb moving while you are in the cast or splint. Please see the stage 1 exercises (page 4). This will help you progress more quickly when the cast or splint is removed. Once your wrist feels less painful (usually after the first 1-2 weeks), you may start using the hand for some tasks. Keep the cast or splint on. Be guided by pain.

Follow up:

If we can manage your fracture in a splint, you may not need to return to fracture clinic after the first appointment.

If you have a cast on, you will need to come back to clinic 4-6 weeks after your injury to have the cast removed. You may also have another x-ray. This is not always needed.

If you need an operation, you will be seen again in clinic around two weeks afterwards. Depending on the operation, you will either have a cast for a few more weeks, or you will be given a splint.

You may be referred for physiotherapy/hand therapy at your local hospital if needed..

- Please ask the clinician if you have any questions.
- Please let the clinician know if you are experiencing pain or symptoms, other than at the site of the original injury or surrounding area.
- You can contact the Fracture Care Team for advice using the contact details on page 7.

What should I do and when?

Weeks since injury or operation	Plan
0 - 6	✔ You will be in a splint or cast for 4-6 weeks ✔ Use the sling for the first few days if the arm is painful or the hand is swollen ✔ Keep your fingers, elbow, and shoulder moving - see stage 1 exercises (see page 4) ✔ You can use the arm and fingers for simple tasks as pain allows ✔ **If you are in splint:** if you are comfortable you can start to use the splint less after 4 weeks
6 -12	✔ The fracture is healed ✔ You can begin to return to normal activity, including sports, but be guided by any pain you are having ✔ You can start the stage 2 exercises (see page 6) if the wrist feels stiff. ✔ Carry out day-to-day activities using your injured hand ✖ Heavy tasks, heavy lifting, or sport may still cause some discomfort
12	✖ If you are still experiencing significant pain and swelling, please contact the Fracture Care Team for advice on the contact details

Stop smoking

Medical evidence suggests that smoking causes fractures to take longer to heal. In extreme cases it can stop healing altogether. It is important you think about this information with relation to your recent injury. Stopping smoking during the healing phase of your fracture will help give you the best recovery.

For advice on stopping smoking and local support go to: **www.livewelldorset.co.uk/stop-smoking** or discuss this with your GP.

Diet

A healthy well-balanced diet will help your bones heal after injury. Supplements are not usually needed.

Protein makes up more than half of your bones. Good sources of protein are meat, fish, milk, cheese, cottage cheese, yogurt, nuts, seeds, beans, soy products, and fortified cereals.

Calcium helps make your bones strong. Good sources are milk, yogurt, cheese, cottage cheese, broccoli, turnip or leafy greens, soy beans, canned tuna or salmon with bones, almond milk, and fortified cereals or juice.

Vitamin D helps your body absorb calcium. You get some vitamin D from sunlight. It can be a good idea to get outdoors for a short time each day. Good sources are salmon, cod liver oil, sardines, liver, fortified milk or yogurt, egg yolks, and fortified orange juice.

Vitamin C has been shown to help with pain after injury or an operation. You can buy tablets over the counter in pharmacies and health food shops. The recommended dose is 500mg per day.

Try and avoid too much alcohol, salt, or caffeine as these can slow down bone healing.

Activity

Keeping generally active helps healing. It also helps keep you fit and strong. Keep doing some of your usual activities where possible.

Exercises:

Stage 1 exercises:

Please start these exercises straight away. Try and do the exercises 3-4 times per day.

Make sure the cast or splint doesn't stop you moving the big knuckles of the hand fully (see picture 2 below). Adjust the position of the splint if needed. If the cast is too high and restricts movement, please contact us using the details on page 7.

Finger exercises:

1. Bend the fingers to try and touch the top edge of the plaster cast or splint, keeping the big knuckles straight.
Repeat 5-10 times.

2. Bend your fingers over the top of the plaster cast or splint to try and reach as far down as comfort allows.
Repeat 5-10 times.

3. Straighten all your fingers fully.
Repeat 5-10 times.

4. Touch your thumb to as many of your finger as you can comfortably reach.
Repeat 5-10 times.

Elbow and shoulder exercises:

5. Bend and straighten your elbow as far as you can without pain.
You should not feel more than a gentle stretch.
You can use your other arm to help if needed.

6. Raise your arm up as high as you can manage comfortably. Gently lower the arm.
Repeat 10 times.

Advice for after the plaster cast or splint is removed

Splint

You may be given a splint after your cast is removed. This is just for your comfort and allows you to get used to moving and using your wrist and hand again. You can stop using it as soon as you feel able to.

Swelling

It is common to have a temporary increase in swelling when the cast comes off. This will slowly improve as movement in your hand and wrist gets better.

Pain

You may notice that pain increases or returns when your cast is removed. This is common. Pain should start to improve as you start moving and using your wrist and hand. Take your usual painkillers if needed. Using the splint or a light bandage support can help as well.

Exercises

After the plaster cast or splint is removed your wrist will be stiff. Please follow the stage 2 exercises below (page 6) to help get the movement back. You may be referred to physiotherapy/hand therapy at this stage.

Using your hand and wrist

Research tells us that the best way to help your wrist after a fracture is to start using it for day-to-day activities as soon as you can. Start with simple activities and gradually increase what you do over the next few weeks. Be guided by any pain you are having. It takes many months for strength and flexibility to return. Your wrist will continue to improve for at least a year.

Return to driving

You may return to driving when you are able to fully control the vehicle. You must not drive with the plaster cast or splint on. It may take a few weeks before you feel safe. This varies from person to person.

Common problems:

Some patients notice increased pain at the bottom of their thumb. This usually settles with time. It is important to keep your thumb moving and not to over-stress the thumb with lots of pinching/gripping activities.

Discomfort or pain on the little finger side of the wrist is also common. This may be because there was a fracture of the ulna bone, or because ligaments on that side of the wrist were injured at the same time. This normally settles with time. Let us know it continues to be a problem for you.

Some patients may notice numbness or pins and needles in their hand. This is because the nerve can get annoyed by the injury or swelling. Starting to move and use the wrist and hand can make this more noticeable. It is not a reason to stop moving and using the wrist and hand. This should improve over time. If it becomes more frequent/noticeable or is affecting how well you can use your hand, please let us know.

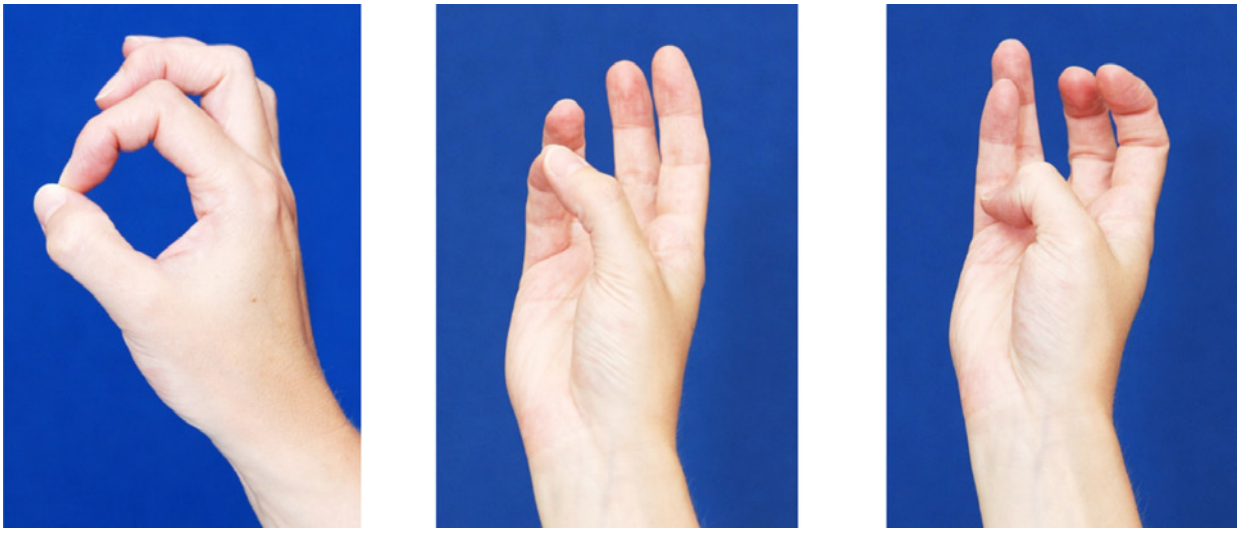
Your wrist may look a little different after this injury. This is normally cosmetic and should not affect your ability to use your hand.

Stage 2 exercises:

Start these exercises after your cast has been removed, or 4 weeks after your injury or operation if you have been managed in a splint. The exercises may feel a little uncomfortable or stiff to start with. They shouldn't be painful to do. Try and do the exercises 3-4 times per day.

1. Complete the following sequence of finger exercises. Repeat 5-10 times.

2. Touch your thumb to the tip of each finger in turn, reaching across as far as you can. When you can touch your little fingertip, try and slide your thumb down each finger to your palm. Repeat 5-10 times.



3. Rest your elbows on the table, clasp your hands together and rock the hands to left and right. Repeat 5-10 times.

4. Rest your elbows on the table, clasp your hands together and twist your hands to look at the back of each hand in turn.

Repeat 5-10 times.

5. Keep your elbow tucked firmly into your side. Hold a dustpan or similarly weighted object and turn your palm up to the ceiling and then down to the floor.

Repeat 5-10 times.

6. Roll up a towel and practice wringing it out in both directions as far as is comfortable.

Repeat 5-10 times.

7. Support your elbow and forearm on the table.
Let your wrist hang over the edge, palm facing down.
Holding a weight in your hand, slowly lift your wrist up as far as comfortable.
Now control the movement of the wrist back down.

Repeat 5-10 times.

Contact details

Please contact **0300 019 2802**
(Answer machine monitored Mon-Fri, 10am-5pm)
Or e-mail: **uhd.fracturecare@nhs.net**

To read this leaflet in a different language,
please visit our website: **www.uhd.nhs.uk/visit/patient-information-leaflets**
and use the language and accessibility function available along the top of the site.

To ask for this leaflet in larger print, please contact the patient experience team on **0300 019 8499**
or email **uhd.patientexperienceteam@nhs.net**.

Poole Hospital, Longfleet Road, Poole, Dorset, BH15 2JB

Author: **Paula Reynolds** Date: **December 2025** Version: **One** Review date: **December 2028** Ref: **117/25**

t: 01202 665511 w: www.uhd.nhs.uk : @UHDTrust : @uhd_nhs

Some of our hospital services are moving.
Visit **www.uhd.nhs.uk/future** to find out more.