

Clinical Practice Guideline Overview

Management of Distal Radius Fractures

Published December 5, 2020

This clinical practice guideline addresses the treatment of acute distal radius fractures in patients 18 years of age and older.



Literature Review

7,123
abstracts reviewed



838
articles recalled
for full review



82
articles included
after full text review
and quality analysis



Recommendations



Strong evidence suggests no significant difference in radiographic or patient-reported outcomes between fixation techniques for complete articular or unstable fractures, although volar locking plates may lead to earlier recovery of function after three months.



Strong evidence suggests that operative treatment for patients over 65 years of age does not lead to improved long term patient-reported outcomes compared to non-operative treatment.



Moderate evidence supports operative treatment for individuals under 65 years of age, as it leads to improved radiographic and patient-reported outcomes.



Limited evidence suggests no difference in outcomes based on the frequency of radiographic evaluations.



Inconsistent evidence suggests no difference in outcomes between the use of arthroscopic assistance and no arthroscopic assistance.



Inconsistent evidence suggests no difference in outcomes between a home exercise program and supervised therapy.

Consensus Recommendation Against Opioid Use for the Treatment of a Distal Radius Fracture

In the absence of sufficient evidence, it is the opinion that opioid sparing and multimodal pain management strategies should be considered.



Future Research

The systematic review for this guideline identified areas of care with conflicting evidence, and some areas of care where more focused clinical trials are needed. For example, our evaluation of the evidence for hand therapy after the treatment of distal radius fractures identified areas for potential future research, such as the benefit of supervised therapy for elderly patients with finger arthritis and preoperative stiffness.

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