

Important

You should return to the Emergency Department immediately if you are affected by any of the following:

- increased pain
- increased swelling
- numbness or pins and needles in the affected leg
- inability to move your fingers
- blueness of the fingers
- if the cast cracks, becomes loose or is rubbing your skin.

Do not:

- ✘ put any weight on your cast or put anything heavy on your cast.
- ✘ cut your cast – always come back to the Emergency Department if your cast needs trimming.
- ✘ wet the cast. Ensure you cover the cast with a plastic bag or cover when in the bath or shower.
- ✘ poke anything down the cast as you may cut your skin or cause a wound to become infected.

Are you aged over 50?

People who are over 50 who break a bone should be referred automatically for a DEXA scan to check for bone fragility.

If you haven't had an appointment and you think you should have one, please ask your GP, physiotherapist or hospital doctor.

Vitamin D and calcium are important for healthy bones. For further information visit:

www.nhsinform.scot

Further advice and information

Further injury advice and prevention can be found at:

NHSinform - www.nhsinform.scot

National Osteoporosis Society - www.nos.org.uk

NHS Western Isles Physiotherapy Department:

Western Isles Hospital
MacAulay Road
Stornoway
Isle of Lewis HS1 2AF
Tel. 01851 708258

Uist and Barra Hospital
Balivanich
Benbecula
HS7 5LA
Tel. 01870 603641

We are listening - how did we do?

We welcome your feedback, as it helps us evaluate the services we provide. If you would like to tell us about your experience:



- speak to a member of staff
- visit our website: www.wihb.scot.nhs.uk/feedback or share your story at: www.careopinion.org.uk or tel. 0800 1223135
- tel. 01851 704704 (ext 2236) Monday-Friday between 10am-4pm.

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Written by: Dr. Kate Dawson

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Disclaimer

The content of this leaflet is intended to augment, not replace, information provided by your clinician. It is not intended nor implied to be a substitute for professional medical advice. Reading this information does not create or replace a doctor-patient relationship or consultation. If required, please contact your doctor or other health care provider to assist you to interpret any of this information, or in applying the information to your individual needs.

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Bòrd SSN nan Eilean Siar
NHS Western Isles

Advice for patients with an injured wrist in a cast



Useful information and advice

This leaflet is aimed at providing useful advice while your wrist is in a cast. This is most commonly used to manage a broken wrist.

Information will support the advice given by your physiotherapist and consultant. Following this advice and doing the exercises suggested will help your injury to heal properly and reduce stiffness in your joints.

What is a broken wrist?

- A fracture is the same as a break.
- It normally involves a break to the radius and ulna, the two main bones in your forearm.

How is it treated?

Cast: Your wrist may need to be manipulated into the correct position first. You will usually be in a cast for four to six weeks. This could be plaster of Paris or scotch cast. For the first few days, you may be in a temporary cast that will allow swelling to settle.

Surgery: If the fracture is very unstable, you may need surgery. The ends of the bone are held in place with pins and plates.

Symptoms and solutions

Pain: It is normal to have some pain after your fracture. You should take the painkillers you have been prescribed. If the pain is severe, you should contact your GP, Emergency Department or telephone NHS24 by dialing 111.

Swelling: Swelling is inevitable after a fracture. This will be worse in the first two weeks. To minimise swelling, keep your arm raised up. Try the following:

- use a sling to keep your wrist up
- use pillows to keep your wrist up at night and when sitting
- use an icepack while you have your temporary cast.



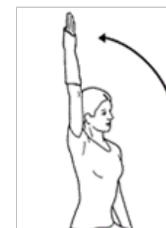
Tiredness: It is normal to feel very tired after an injury. Take time to rest and recover. Some people find their balance is poor after a wrist fracture.

Strength and Stiffness: While your wrist is healing in the cast your muscles become weak and your joints become stiff. This could include other muscles and joints in your arm, shoulder and neck. Please read the exercise section for ways to keep muscles strong and to minimise joint stiffness.

Exercises

Exercises will make sure your unaffected joints do not become stiff. They will also help your muscles and maintain good circulation to your arm. Try to do your exercises four times a day.

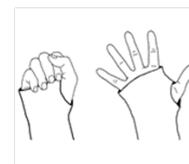
Daily exercises



Shoulders: Standing or sitting in an upright position, slowly lift your affected arm up towards the ceiling (elbow straight) and then lower again. Repeat five times.

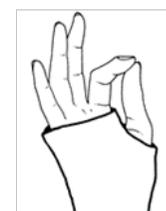


Elbows: Sitting in an upright position, slowly bend your elbow so your hand moves towards your shoulder and then fully straighten your elbow. Repeat five times.



Fingers: Sit down at a table for this exercise. Place the elbow of your affected arm on a table with your fingers pointing towards the ceiling.

1. Start with your fingers straight and then bend them all to make a fist. Repeat five times.
2. Start with all your fingers straight, then bend the knuckle joints of all your fingers, keeping the fingers straight. Repeat five times.



Pinch: Sit down at a table for this exercise. Place the elbow of your affected arm on a table with your fingers pointing towards the ceiling. Touch the tip of each finger with your thumb. Repeat five times.

Move your thumb to the base of your little finger, then fully straighten your thumb. Repeat five times.

Remember - do not push into pain.