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Distal Radius Fractures: A Primer

1) Patient selection, who do I operate on?

    a) AAOS guidelines are vague on who, when and how to fix DRF
    b) As such a patient selection is key
        (1) Older or low demand patients non-operative treatment is reasonable
            (a) Casting is still an option!!!
        (2) Young, or older active patients consider surgery
            (a) Not good evidence to recommend one form of tx over another but most are now using volar lacking plates
            (b) But other options (ex fix, pins and plaster etc.) are supported by the literature.

2) How to maximize results with a volar locking plate (VLP)?
    a) VLP will not do the reduction for you! You have to apply it to a reduced fracture or use it as a template to reduce the fracture
        i) Most DRFx respond favorably to ligamentotaxis making VLP just a neutralization device (and a good one for that function)
    b) But if they don't reduce with traction you need to get them reduced
        i) Consider accessory incisions and approaches (dorsal or radial)
        ii) Dorsal approach is safe if done through small incisions
            (1) Allows for visualization of articular surface
            (2) Allows for elevation of impacted dorsal lunate facet

3) When should I not use a VLP on?
    a) It is CRITICAL to understand not ALL DRFx can be treated with a VLP!
        i) In fractures when the volar cortex is not fractured you should likely use a different plate/approach
            (1) Most commonly this a
                (a) dorsal shearing injury or an impacted dorsal lunate facet

4) When should I use a dorsal bridge plate (DBP)?
    a) Dorsal bridge plates are a consideration in 3 situations
        i) Dorsal shearing injury in which the dorsal cortical piece or radial styloid piece is too small for fragment specific buttress plating
        ii) Multi-trauma situations- I let them WB through the hand and not just be platform WB
        iii) Soft tissue concerns- open fractures/burns etc.
    b) You have to be careful not to overuse DBP. Just because it is a "bad" fracture does not mean it needs a DBP. Remember to consider use fragment specific fixation for these "bad" fractures