Course Abstract
This course addresses the rehabilitation of patients with distal radius fractures. It begins with a review of relevant terminology and anatomy, next speaks to medical intervention, and then examines the role of therapy as it pertains to evaluation, rehabilitation, and handling complications. It concludes with case studies.

Target audience: Occupational Therapists, Occupational Therapy Assistants, Physical Therapists, Physical Therapist Assistants (no prerequisites).

NOTE: Links provided within the course material are for informational purposes only. No endorsement of processes or products is intended or implied.

This course is offered for 0.5 CEUs (Intermediate level; Category 2 – Occupational Therapy Process: Evaluation; Category 2 – Occupational Therapy Process: Intervention; Category 2 – Occupational Therapy Process: Outcomes).

The assignment of AOTA CEUs does not imply endorsement of specific course content, products, or clinical procedures by AOTA.

Learning Objectives
At the end of this course, learners will be able to:

- Differentiate between definitions and terminology pertaining to distal radius fractures
- Recall the normal anatomy and kinesiology of the wrist
- Identify elements of medical diagnosis and treatment of distal radius fractures
- Recognize roles of therapy as it pertains to the evaluation and rehabilitation of distal radius fractures
- Distinguish between potential complications resulting from distal radius fractures

Timed Topic Outline
I. Introduction; Definitions, Terminology, and Provocative Testing (30 minutes)
II. Normal Wrist Anatomy and Kinesiology (20 minutes)
   Bones of the Wrist; Ligaments of the Wrist; Normal Movement Patterns of the Wrist
III. Wrist Fractures (10 minutes)
   Classifications; Mechanisms of Injury; Occurrence/Epidemiology
IV. Overview of Medical Intervention (15 minutes)
Non-Operative Treatment/Casting/Immobilization; Surgical Treatment of Fractures

V. Rehabilitation/Healing Timeline (180 minutes)
   Evaluation for Rehabilitation; Treatment; Complications

VI. Case Studies; Conclusion (20 minutes)

VII. Additional Resources, References, and Exam (25 minutes)

**Delivery & Instructional Method**
Distance Learning – Independent. Correspondence/internet text-based self-study, including a provider-graded multiple choice final exam.

*To earn continuing education credit for this course, you must achieve a passing score of 80% on the final exam.*

**Registration & Cancellation**
Visit www.pdhtherapy.com to register for online courses and/or request correspondence courses.

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**Accessibility and/or Special Needs Concerns?**
Contact Customer Service by phone at (888)564-9098 or email at support@pdhacademy.com.

**Course Author Bio & Disclosure**
Amy L. Paulson OTR, CHT, is a certified hand therapist with over 19 years of experience in outpatient upper extremity care. She has been a licensed occupational therapist for 20 years, has experience in home health, skilled nursing, and acute care, and is a member of the American Society of Hand Therapists.

Amy has led multiple community-based classes on arthritis care, energy conservation and work simplification, and she taught as an adjunct professor at Palm Beach Community College in the OTA program. She designs and instructs hands-on continuing education courses in splinting and upper extremity treatment, and enjoys providing clinical instruction to students interested in specializing in hand therapy. She is also involved in coordinating and overseeing therapy programs in Gulu, Uganda by volunteering with the Medical Missions Foundation of Overland Park, KS, and is co-founder of the Gulu Project, a non-profit organization that is building an outpatient village for the burn patients of Northern Uganda.

Amy currently owns and operates her private practice in outpatient hands, where she provides patient care, clinical instruction to Level II students, community education, marketing, and insurance billing.

**DISCLOSURES:** Financial – Amy Paulson received a stipend as the author of this course. Nonfinancial – No relevant nonfinancial relationship exists.