Topic: **Bovenste extremiteit**
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Refraining from closed reduction of displaced distal radius fractures in the emergency department (RECORDED trial)

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Introduction

Distal radius fractures are armong the most common fractures in the emergency department. Closed reduction is routinely performed in displaced fractures awaiting surgery.
The aim of this study is to determine whether closed reduction can be safely abandoned in these patients to prevent unnecessary pain and time waste.

Method

In this multicenter RCT, adults (18–75 years) with displaced distal radius fractures requiring surgery were randomized to closed reduction with casting or casting alone. Pain was assessed daily with VAS until surgery. Secondary outcomes included surgical duration, PRWHE scores during follow-up, grip strength and complications.

Results

134 patients were included. No significant difference in VAS pain scores was found in the first postoperative week. Surgery duration was similar between groups. At one year, there was no significant difference in PRWHE scores and complication rates.

Conclusion

Our preliminary findings suggest that closed reduction may be safely omitted in patients with displaced distal radius fractures awaiting surgery. Full results with figures and tables will be available by november 2025.