Patients operated for distal radius fractures in 2016
Retrospective study → clinical records, X-rays
Inclusion criteria → age over 60, filled out questionnaire
Functional outcome → QuickDash score
Pain and satisfaction → Visual Analogue Scale
Significance → Student’s t-test

237 operated distal radius fractures
121 involved in the study

Quality of reduction → self-made scoring system

<table>
<thead>
<tr>
<th>Max: 10 points</th>
<th>Inclination of articular surface of radius (AP)</th>
<th>Inclination of articular surface of radius (lateral)</th>
<th>Step or gap in articular surface</th>
<th>Shortening of the radius</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 point</td>
<td>-10-15°</td>
<td>-10-0°</td>
<td>0 mm</td>
<td>0 mm</td>
</tr>
<tr>
<td>-1 point</td>
<td>5-10°</td>
<td>0-10°</td>
<td>1 mm</td>
<td>1 mm</td>
</tr>
<tr>
<td>-2 points</td>
<td>0-5°</td>
<td>10-20°</td>
<td>2 mm</td>
<td>2 mm</td>
</tr>
</tbody>
</table>

Conclusion

The outcome of a distal radius fracture is in significant correlation only with the quality of the reduction.

Neither the type of the fracture, nor the age of the patient influence significantly the final outcome.