

Debridement of Triangular Fibrocartilage Rehabilitation Protocol

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Debridement of the triangular fibrocartilage is usually performed through a wrist arthroscopic procedure. A wrist arthroscopy is performed after the wrist is prepped and draped, and the wrist is suspended by finger trap traction by concept tower and 10lb of distraction is applied. Small puncture wounds are made over the 3-4 portal dorsally, and a 2.7 mm 25° arthroscope is placed through the radiocarpal joint. An 6R portal is established and the probe inserted.

The radiocarpal articulation is carefully evaluated and the triangular fibrocartilage area and tear are probed. If it is a peripheral tear, repair is performed by means of arthroscopically placed sutures through a small incision over the extensor carpi ulnaris through the subsheath of the extensor carpi ulnaris tendon. In the majority of cases a flap tear is found in the centrum and the tear is debrided by means of the small basket forceps through the R6 portal. Satisfactory debridement is performed. The joint is irrigated, and the mid-carpal joint is usually evaluated also through the scaphocapitate portal.

A compression dressing and volar wrist splint are applied and the patient is seen 1-2 days following surgery to start ROM and intermittent splinting.

Post-Operative Treatment following Debridement of a Triangular Fibrocartilage Tear (not repair of peripheral tear)

Phase I: 1 Day

Clinical Goals:

- Achieve full wrist and forearm ROM by 2-3 weeks post-op

Testing:

- Wrist and forearm ROM

Exercises:

- At 1 day post-op, a short arm wrist immobilization splint is fitted and should be worn between exercises and at night.
- AROM and PROM for wrist flexion, extension, radial and ulnar deviation, and forearm rotation are performed 6 times per day
- Ice after exercise 3 times per day

Phase II: 1 week

Clinical Goals:

- Full wrist and forearm ROM by 2-3 weeks

Testing:

- Wrist and forearm ROM
- Grip strength

Exercises:

- ROM exercises are continued
- Grip strengthening with putty is performed, 3 times per day for 10 minutes
- Light strengthening exercises for wrist and forearm are performed, 1-2 times per day with light weights or tubing
- Patient may be out of splint for light activity for part of the day
- Ice after exercise 3 times per day

Clinical follow-up:

- The patient is seen again at 2-3 weeks post-op to monitor ROM and pain-free strengthening.

Phase III: 2 to 3 weeks

Clinical Goals:

- Patient may return to sports with a Lion's paw brace or radial-carpal brace as needed at approximately 3 weeks.

Testing:

- Wrist and forearm ROM
- Grip strength

Exercises:

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- Active and passive exercises are continued for the wrist and forearm 3-4 times per day until EOM is WNL.
 - Strengthening exercises are continued and increased.

Clinical follow-up:

- The patient is seen only as needed with doctor appointments at this time.

Note: If a wafer-type shortening of the ulna is performed with the TFCC debridement:

- Therapy is not begun until 2-3 days post-op.
- A Meunster splint is worn instead of a short-arm wrist immobilization splint.
- Wrist and forearm strengthening is not begun until 2 weeks post-op.
- Full return to sports is delayed until 4-8 weeks, depending on the sport.