

Triangular Fibrocartilage Complex (TFCC) Repair and Rehabilitation

Phase I for Central Debridement: Days 3-5

Goals: Control edema and pain

Protect repair

Minimize deconditioning

Intervention:

- Bulky post-op dressing is removed
- Edema control begun with light compressive dressing to hand and forearm
- Active ROM exercises for wrist and forearm are begun 4-8 times a day
- A wrist splint is fabricated to wear between exercises and at night

Phase II for Central Debridement: Days 10-14

Goals: Control edema and pain

Continue to protect repair

Continue to minimize deconditioning

Begin scar management

Intervention:

- Scar management begun within 48 hours of suture removal
- Initiation of active-assist ROM for wrist and forearm

Phase III for Central Debridement: Weeks 3-4

Goals: Control edema and pain

Improve ROM

Intervention:

- Passive ROM of wrist and forearm may be initiated
- Dynamic wrist splinting may be begun to improve ROM
- Weighted wrist stretches may be initiated - also to increase ROM

Phase IV for Central Debridement: Week 6

Goals: Continue with ROM gains

Begin strengthening

Intervention:

- Progressive strengthening may be begun using putty or a hand exerciser
- The wrist immobilization splint may be discontinued if the patient is asymptomatic

Phase I for Peripheral Repair: Week 1

Goals: Edema control

Protect repair

Intervention:

- Patient remains in bulky post-op dressing
- Instructions in edema control

Phase II for Peripheral Repair: Week 2

Goals: Edema and pain control

Continue to protect repair

Limit deconditioning

Intervention:

- Removal of bulky dressing
- Edema control with retrograde massage, Isotoner glove, and/or coban wrapping
- Daily pin care as needed
- Long arm cast with 90° elbow flexion and wrist in neutral or wrist cock-up splint fabricated
- Active and passive ROM for wrist and digits, include tendon glides (lumbrical grip, hook fist, full fist)
- Isometric exercises for forearm/hand: 10 repetitions 4 times/day

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- Low-grade isotonic exercises can be initiated if edema is not present (i.e., lightest putty)
 - Light ADLs with 5 pound limit

Phase III for Peripheral Repair: Weeks 3-6

Goals: Edema and pain control

Increase ROM

Scar management

Improve strength

Intervention:

- Scar management with scar massage, scar pad
- Discontinue splint (unless patient is still symptomatic)
- Increase isotonic exercises up to 10 pounds maximum for upper arm, forearm
- Wrist mobility/weighted stretches with less than 5 pounds 3-4 times/day
- ADLs with less than 10 pounds

Phase IV for Peripheral Repair: Weeks 8 - Discharge

Goals: Continue to improve ROM

Continue to increase strength

Simulate work requirements

Intervention:

- Dynamic splinting as necessary to increase ROM
- Progress strengthening with putty, hand exerciser, free weights
- Simulate work tasks as able

Note: It is important to remember that the goal of the surgery is to eliminate the patient's wrist pain, therefore, aggressive PROM or strengthening that increases pain is not appropriate - working through pain associated with wrist stiffness or extrinsic tightness is appropriate, increasing ulnar-sided wrist pain is not.

If the patient has undergone an ulnar shortening in addition to the TFCC repair or debridement, the course of post-operative therapy will be altered.