

TFCC Repair protocol

POSTOPERATIVE REHABILITATION

10 -14 Days Postop

- The sugar tong splint and dressing is removed. A short arm muenster cast or Titan splint with elbow extension is fitted with the elbow in 90° of flexion and the forearm in neutral.
- Active and PROM exercises are initiated to the digits, emphasizing isolated excursion of the EDC.
- PROM is permitted for the elbow.

6 Weeks Postop

- **The patient will generally be referred to the therapist at this point**
- The cast or Titan splint is removed. The patient is fitted with a long arm Titan splint, if not previously fabricated, to wear between exercise sessions and at night
- AROM exercises may be initiated to the elbow, wrist and forearm 6 -8 times a day for 10 minute sessions.
- Weighted elbow stretches may be performed 3 - 4 times a day for 20 minute sessions.
- Scar management may be initiated including scar massage with lotion, along with Rolyan 50/50™, Elastomer™ or Otoform K™.
- Submaximal pain-free isometrics for wrist and forearm

8 Weeks Postop

- PROM exercises may be initiated to the wrist and forearm 6 - 8 times a day for 10 minute sessions.
 - Using a light-weight hammer to serve as a torque generator during pronation/supination can be helpful.
- Dynamic splinting may be initiated to the wrist and/or forearm so long as pain is not heightened with the mobilization.
- The long arm splint is reduced to a wrist immobilization splint between exercise sessions and at night
- The splint is largely for protection and comfort
- Initiate forearm, wrist and hand strengthening beginning with isometrics in the dart-throwing motion plane and progressing to isotonic in the dart-throwing motion plane
- Initiate isotonic strengthening including resistive wrist and forearm exercises using looped TheraBand (avoiding power grip with isotonic strengthening)
- Gentle grip strengthening with forearm supinated and pinch strengthening with putty
- Begin closed chain proprioceptive/stabilization exercises (example: rhythmic stabilization with patient's hand placed on ball) Progress to open chain proprioception/stabilization exercises (examples: marble in lid, labyrinth/phone games, wrist alphabet with light free weight, oscillation with Flex bar, gyroball, body blade)
- Scapula stabilization and proximal upper extremity strengthening

10 -12 Weeks Postop

- Progressive strengthening with putty or a hand exerciser and hand weights may be initiated once the patient is asymptomatic.
- Discontinue orthosis use, however patients returning to heavy labor jobs may benefit from continued wrist support to prevent re-injury.

CONSIDERATIONS

- It is important to honor the postop pain and to restrict the ROM exercises to a pain free arc of motion. Exercises can be gradually increased as tolerated.
- PROM for forearm supination and pronation should be performed by securing the forearm and not distal to the wrist. This will avoid a torsional load on the TFCC.
- To increase forearm or elbow motion, static progressive splinting may be considered.
- A TENS unit may be beneficial for the initial postop pain and discomfort
- Encourage patients returning to heavy labor jobs to wear a wrist support in order to avoid re-injury.