



DR. BRIAN KLIKA & DR. ANDREW KIRKPATRICK TFCC REPAIR POST-OP THERAPY PROTOCOL

Phase 1 – Maximum Protective Phase (0-6 weeks)

Goals for Phase 1

- Immobilize and protect reconstruction
- Pain and edema control
- Educate patient in home program and importance of wearing splint at all times
- Educate patient to return to clinic for splint adjustments as needed to ensure comfort and compliance with splint use

Other Considerations

- Patient will most often be referred to therapy for initial therapy visit after his/her 2-week follow-up with surgeon. This appointment consists of splint fabrication and patient education in ROM of uninvolved joints, edema management, scar management, and education in physical activity restrictions.
- Schedule a 4-week ROM check at this first appointment

Orthosis

- Muenster splint – elbow at 90 degrees, wrist in slight extension, forearm in neutral
- To be worn at all times

ROM

- **2 weeks post-op:** AROM to uninvolved joints (shoulder, elbow, digits)
- **4 weeks post-op** wrist ROM check:
 - Wrist flexion/extension and radial/ulnar deviation is assessed only. Forearm rotation will not be assessed or initiated until 6 weeks post-op.
 - Begin therapy if patient has increased swelling and <50% range of motion. Therapy should begin with instruction in home program for wrist AAROM in gravity-eliminated positions 2x/day for 10-minute sessions with emphasis on slow and controlled pain-free movement.
 - If the patient has no issues with swelling and greater than 50% of normal range of motion, the patient is instructed to continue with splinting at all times and ROM is deferred to 6 weeks post-op

Scar Management

- Begin scar massage no sooner than 2 days after suture removal after scar is fully closed with no scabbing present. Begin with light massage using lotion.
- Apply scar remodeling products as needed

Edema Management

- Light compression with Coban or compression sleeves to digits, hand, and forearm
- Elevation
- Manual Edema Mobilization (MEM)

Functional Activity

- Splint on at all times
- Use involved UE with non-resistive, light ADL/IADL only within limits of the splint
- Wear splint for showering, but may remove for hand hygiene



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Phase 2 – Begin Range of Motion (6-8 weeks)

Goals for Phase 2

- Continue to protect healing repair while restoring pain-free AROM
- Continue pain, edema control, and scar management

Orthosis

- **6 weeks:** transition to wrist hand orthosis. Patient may begin weaning from orthosis immediately from orthopedic visit however therapist may recommend weaning schedule variations as appropriate
- May issue a WristWidget support for ulnar wrist pain as patient weans from orthosis

ROM

- Initiate gentle A/AAROM to wrist and forearm 6x/day for 10-minute sessions; begin with gravity eliminated positions and closed chain AAROM using small light weight ball and progress to open chain against gravity
- Continue with active and passive shoulder, elbow, digit ROM as appropriate

Strengthening

- **7 weeks:** initiate submaximal pain-free isometrics for wrist and forearm

Manual Therapy

- Continue phase 1 scar and edema management
- Desensitization

Modalities

- Fluidotherapy for heat, ROM, and desensitization
- Paraffin may be used for deep heat

Functional Activity

- Encouraged participation of involved UE in non-resistive ADL
- Wrist support/splint provided by physician to be worn with heavier ADL/IADL within physical activity restrictions



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Phase 3 – Maximize ROM and Initiate Strengthening (8-10 weeks)

Goals for Phase 3 • Restore functional pain-free range of motion • Initiate isotonic strengthening • Return to activities of daily living	Precautions for Phase 3 • Although PROM is indicated for joint and soft tissue restrictions, avoid painful ROM and stretching beyond a functional range of motion. The end goal of surgery is to stabilize the wrist for pain-free function. • PROM to forearm should be performed by securing at the forearm and not distal to the wrist to avoid torsional load on the TFCC
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ROM

- Continue active ROM to wrist and forearm
- Initiate pain-free PROM to wrist and forearm to restore functional motion

Strengthening

- 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 Flexbar, gyroball, body blade)
- Scapula stabilization and proximal upper extremity strengthening

Manual Therapy

- Continue phase 1 scar and edema management
- Desensitization as needed

Modalities

- Fluidotherapy for heat, ROM, and desensitization as needed
- Paraffin may be used to deep heat as needed

Functional Activity

- Continued use of involved UE with ADL/IADL within physical activity restrictions
- Utilize wrist hand orthosis with heavier activities



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Phase 4 – Progress Strengthening and Return to Function (10+ weeks)

Goals for Phase 4 • Restore functional strength • Return to work full duty	Precautions for Phase 4 • Patients returning to heavy labor jobs may benefit from continued wrist support use to prevent re-injury
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Orthosis

- Continue wrist hand orthosis with heavy activities

ROM

- Maximize wrist and forearm ROM

Manual Therapy

- Continue scar and edema management as needed

Strengthening

- Progress forearm, wrist, and hand strengthening
- Progress scapula stabilization and proximal UE strengthening

Functional Activity

- Continued use of involved UE with ADL/IADL within physical activity restrictions
- Continue use of wrist hand orthosis with heavier activities

Work Conditioning

- After 10-12 weeks and with physician consent, a comprehensive work conditioning program for patients with high demand/heavy manual labor occupations may be appropriate