

Triangular Fibrocartilage Complex (TFCC) Repair Rehabilitation Protocol

General notes: "As tolerated" should be understood to include with safety for the reconstruction/repair; pain, limp, swelling, or other undesirable factors are indicators that you are doing too much too soon. If any of these should occur, decrease activity level, ice and elevate the leg.

Ice should be applied to the knee for 15-20 minutes following each exercise, therapy, or training session. The post surgical dressing applied directly after surgery and removed at your first visit with your provider is very thick. Icing through this barrier will be minimally effective.

Return to sport based on provider team (physician, physician assistant, athletic trainer, physical therapist) input and appropriate testing.

All times and exercises are to serve as guidelines. Progression through the protocol should be based upon criteria as opposed to dates listed and will vary depending on each individual patient. Progress should be agreed upon by the patient and his/her team of providers

Phase 1-Post-op Week 1:

Brace:

- Wear sling if prescribed by physician
- Keep wrist immobilized at all times

Therapeutic Exercises:

- Elbow and shoulder active range of motion encouraged

Modalities

- Cryotherapy (ice) 6-8 times per day for 15 to 20 minutes

Progression to Phase II:

- Healed incisions
- Controlled pain

Post-Operative Phase II: (Weeks 1 to 3):

Precautions:

- Avoid pronation/supination as possible
- No ulnar or radial deviation
- No gripping with hand

Brace: Continue wrist brace except when doing therapy and washing

ROM:

Wrist

- Extension: 10 degrees
- Flexion: 50 degrees

Full shoulder and elbow ROM

Manual

- Scar/soft tissue massage
- Joint mobilizations without pain
- PROM as indicated above

Therapeutic Exercises:

Strengthening

- Wrist isometrics
- Elbow isometrics
- Shoulder isometrics

Conditioning: initiate aerobic exercises-
BRACE ON

Progression to Phase III:

- Minimal effusion
- No pain
- Active arc of motion at the involved wrist greater than 50 degrees

Post-Operative Phase III: (weeks 3 to 6)

Precautions

- No ulnar or radial deviation
- No gripping greater than approximately 5% body weight

Brace: on at all times except therapy, washing and dressing

ROM:

- Full flexion and extension
- Initiated low-load, long duration passive ROM as needed to achieve full flexion and extension

Manual:

- Continue wrist mobilization
- Flexor and extensor ulnaris tendon mobilization

Therapeutic Exercises:

Strengthening:

- Active and passive ROM at involved wrist in flexion and extension
- Progress with elbow and shoulder strengthening
- Core strengthening

Conditioning

- Brace on during exercise
- Stationary bike
- Elliptical machine
- treadmill

Progression to Phase IV:

- no effusion
- full passive wrist flexion and extension

Post-op Phase IV: (Week 6 to 10)

Brace:

- Discontinue brace in the house when protective strength and functional ROM is achieved in sagittal plane
- Consider continued brace wear during sleep
- Continue brace at all times outside the house

ROM:

- Progress towards full ulnar and radial deviation

Therapeutic Exercises:

Strengthening

- Begin isotonic strengthening at wrist in sagittal plane and progress to control and transverse plane as tolerated
 - Total body strength training permitted with caution to limit grip to be pain free

Conditioning

- Stationary bike
- Elliptical
- treadmill

Progression to Phase V:

- No pain
- At least 4/5 wrist flexion and extension strength

- Full and painless wrist radial and ulnar deviation

Post-op Phase V: (Week 10-14):

Brace:

- Discontinue outside home

Manual

- Joint and soft tissue mobilizations as needed

Therapeutic Exercises:

Strengthening

- Strengthening of wrist all planes
- Continue lower body strength training without restriction

Proprioception

- Functional diagonal patterns
- Begin multi-planar exercises

Conditioning

- Stationary bike
- Elliptical
- treadmill

Progression to Phase VI:

- No pain
- At least 4/5 wrist flexion and extension strength
- Full and painless wrist radial and ulnar deviation

Phase VI: Return to play (Months 3+):

Therapeutic Exercises:

Strengthening:

- Continue upper and lower body strengthening - Core training
- Add sport specific upper body multi-joint exercises

Proprioception:

- Continue upper body proprioception exercises - Integrate lower body and multi-plane activities

Throwing rehabilitation:

- Begin sport specific training including:

Interval throwing program at week 12

Ballistic wrist motion progression from bilateral to unilateral

Weight bearing rehabilitation:

- Initiate weight bearing through bilateral upper extremities in modified plantargrade position progress to unilateral as tolerate