

## TFCC (Triangular Fibrocartilage Complex) Peripheral Repair Rehabilitation Guidelines

<b>Phase 1 Precautions: Maintain postoperative splint for 10-14 days after surgery.</b> <b>Avoid lifting, pushing, pulling or forceful gripping with the surgical arm.</b> <b>Balance relative rest for recovery with appropriate amounts of general activity for health, avoiding fear-avoidance behaviors.</b>			
Phase 1: Starts after Surgery	Emphasis on	Orthosis	Exercise
1-2 weeks	<b>Protection</b>  Keep the postoperative splint clean and dry  Minimize swelling  Prevent finger stiffness and loss of motion for the unaffected joints  Avoid upper quadrant pain from holding arm in a guarded position	<b>Postoperative splint:</b> posterior long arm elbow and wrist vs. volar wrist  A sling may be used when out in the community, removing at home to allow for elevation and therapeutic exercises	<b>Elevation</b>  NWB of the surgical upper extremity  Movement of unaffected joints throughout the day  <b>Suggested Therapeutic Exercise</b> <ul style="list-style-type: none"> <li>• Finger flexion and extension AROM and AAROM for tendon glides</li> <li>• Active finger ABD/ADD, assisted by lacing fingers with contralateral hand</li> <li>• Active elbow flexion and extension within confines of postoperative splint (elbow may be immobilized)</li> <li>• If not contraindicated by a non related shoulder dysfunction: active and active assisted shoulder range of motion through full available motion, glenohumeral ER with scapular retraction</li> <li>• Forward and backward shoulder circles moving the scapula on the thorax</li> <li>• Gentle, pain-free cervical AROM to relieve tension</li> <li>• Abdominal breaths/deep breathing</li> </ul>

Please scan QR code for the UVA school of Medicine website where you can find additional protocols.



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			Encourage staying active throughout the day as able, good sleep hygiene, good hydration and nutritional intake
<b>Phase 2 Precautions: Avoid lifting, pushing, pulling or forceful gripping with the surgical arm.</b> <b>Immobilization may continue depending on surgical procedure.</b> <b>No strengthening until 8-10 weeks post op.</b>			
Phase 2	Emphasis on	Orthosis	Exercise
2-6 weeks	<p>Postoperative care: 2-week postoperative appointment with the surgical team for wound assessment and suture removal</p> <p>Balance relative rest with appropriate amounts of therapeutic activity for recovery</p> <p>Protection of the repair</p> <p>Address any finger and thumb ROM deficits</p> <p>Initiate light dexterity activities</p> <p>Scar management, if immobilized in a removable orthosis</p>	<p>Wrist orthosis vs Muenster orthosis vs cast immobilization depending on surgeon preference and surgical findings</p> <p>If orthosis is removable, wear full time removing for hygiene</p> <p><b>CONFIRM WITH SURGEON:</b> If the repair is small with a stable DRUJ, orthosis may be removed for protected short-arc ROM of the wrist and forearm starting week 4</p>	<p><u>If immobilized in a Muenster cast or orthosis</u></p> <p>Suggested Therapeutic Exercise</p> <ul style="list-style-type: none"> <li>Continue above therapeutic exercises</li> <li>Dexterity/hand manipulation tasks</li> </ul> <p><b>CONFIRM WITH SURGEON</b> <u>If the repair is small with a stable DRUJ and if protected in a removable orthosis</u></p> <p>Suggested Therapeutic Exercise</p> <ul style="list-style-type: none"> <li>At week 4: Gentle, short-arc AROM wrist 4-way and forearm pronation/supination</li> <li>Dexterity/hand manipulation tasks</li> </ul> <p>Scar management activities</p>

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**Phase 3 Precautions: Avoid pain when strengthening and when progressing ADL's and functional use of the surgical hand. NWB until 12 weeks post op unless otherwise indicated by the surgeon.**

Phase 3	Emphasis on	Orthosis	Exercise
6-12 weeks	<p>Orthosis weaning when allowed by the surgeon (typically begins 6-8 weeks post op)</p> <p>Begin gradual strengthening for functional activities</p> <p>Restore of range of motion for the hand, wrist, and forearm</p> <p>Encourage functional use of the surgical hand progressing activities as tolerated</p> <p>Restore dexterity</p>	<p>Wean from orthosis gradually during the day for light self care and seated activities such as keyboarding, continue for demanding activities until 8-10 weeks post op</p> <p>Continue orthosis at night until 8-10 weeks post op</p> <p>May transition to a soft support such as a compression sleeve or wrist wrap for comfort and to promote greater tolerance for activity</p>	<p><b>Suggested Therapeutic Exercise</b></p> <ul style="list-style-type: none"> <li>• AROM wrist 4-way and forearm pronation/supination</li> <li>• Add AAROM and PROM to restore wrist range of motion as tolerated</li> <li>• Dexterity activities for functional skills</li> </ul> <p>At 8-10 weeks (depending on soft tissue response to rehabilitation)</p> <ul style="list-style-type: none"> <li>• Progressive resisted wrist strengthening beginning with isometrics and progressing to isotonic as tolerated</li> <li>• Gentle, light grip strengthening (light theraputty, less than 10 pound grip)</li> </ul> <p>Continue scar management</p>

**Note:** These instructions are to serve as guidelines and are subject to physician discretion. Actual progress may be faster or slower depending on the individual. Return to work and sport/recreation per surgeon discretion.

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