

# TFCC Peripheral Tear-Surgical Repair

This protocol is intended to provide the clinician with a guideline for the postoperative rehabilitation course of a patient who has undergone ***TFCC Repair***. General time frames are given for reference to the average, but individual patients will progress at different rates depending on their age, comorbidities, pre-surgical range of motion, strength, health/functional status, rehabilitation compliance, learning barriers and complications. Specific time frames, restrictions and precautions are given to protect healing tissues and surgical reconstruction.

May be open repair or arthroscopic. If open, incision made to visualize distal EDM and ECU tendons. Dorsal DRUJ ligament is retracted. For small tears, direct repair is performed, along with debridement. Large tears require suturing of the TFCC to the ulnar fovea, passing through a drill hole in the ulna. Typically, percutaneous K-wires or suture anchors are placed to stabilize the forearm in neutral.

## Postoperative Guidelines

### Surgical Indication

- Lesions to peripheral TFCC
- Instability of DRUJ
- Chronic ulnocarpal pain

## TFCC Repair

### Phase I (7-14 days after surgery)

Rehabilitation appointments	<ul style="list-style-type: none"> <li>• Physician appointment at 10-14 days post op</li> <li>• One Rehabilitation appointment immediately following physician 10-14 days post op apt.</li> </ul>
Rehabilitation goals and priorities	<ul style="list-style-type: none"> <li>• Instruct on post-operative precautions</li> <li>• Protect in custom orthosis</li> <li>• Instruct on wound healing / pin care</li> <li>• One-handed Activities of daily living (ADLs)</li> </ul>
Suggested therapeutic exercises	<ul style="list-style-type: none"> <li>• AROM to shoulder and thumb</li> <li>• Tendon gliding for fingers</li> <li>• Edema management</li> <li>• Scar mobilization once incisions fully healed</li> </ul>
Precautions	<ul style="list-style-type: none"> <li>• No forearm or wrist ROM</li> <li>• No lifting/pushing/pulling</li> </ul>
Orthoses	<ul style="list-style-type: none"> <li>• Custom muenster orthosis positioning wrist and forearm in neutral</li> <li>• If K-wires placed-they will dictate position of forearm</li> <li>• Orders may indicate specific forearm position</li> </ul>

## TFCC Repair

### Phase II (3-4 weeks post-operative)

Rehabilitation appointments	<ul style="list-style-type: none"> <li>Once a week</li> </ul>
Rehabilitation goals and priorities	<ul style="list-style-type: none"> <li>Protect in custom orthosis</li> </ul>
Suggested therapeutic exercises	<p><b>At 4 Weeks post op:</b></p> <ul style="list-style-type: none"> <li>Gentle short arc AROM for wrist, limiting to mid-range (less than 45 degrees of flexion or extension until week 6), <b><u>while forearm in neutral or supination</u></b> (to decrease axial load through ulna).</li> <li>3-4 times per day, 25 slow repetitions</li> <li>Use of heat prior to exercises</li> <li>Continue scar and edema management</li> </ul>
Precautions	<ul style="list-style-type: none"> <li>No forearm ROM</li> <li>No lifting/pushing/pulling</li> </ul>
Orthosis	<ul style="list-style-type: none"> <li>Custom muenster</li> <li>Orthosis off for hygiene, but no use of hand without orthosis in place</li> </ul>

## TFCC Repair

### Phase III (6 weeks post-operative)

Rehabilitation appointments	<ul style="list-style-type: none"> <li>Depending on pain and ROM, frequency varies from twice per week to twice per month</li> </ul>
Rehabilitation goals and priorities	<ul style="list-style-type: none"> <li>Encourage light functional use of hand in orthosis</li> </ul>
Suggested therapeutic exercises	<p>6 weeks:</p> <ul style="list-style-type: none"> <li>Progress to AAROM for wrist flexion/extension, held at end range for 30 seconds</li> <li>Add gentle forearm rotation, initially from full supination to neutral. 3-4 times per day, 25 slow repetitions</li> </ul> <p>7 weeks:</p> <ul style="list-style-type: none"> <li>If patient is having difficulties with active forearm rotation, best to have the patient start working toward forearm supination while the elbow is fully flexed. This position promotes proximal / dorsal translation of the radius for increased forearm rotation. Conversely, forearm pronation is best facilitated with elbow extension.</li> <li>Continue scar management</li> </ul>
Precautions	<ul style="list-style-type: none"> <li>No lifting/pushing/pulling</li> </ul>
Orthosis	<ul style="list-style-type: none"> <li>Out of Muenster Orthosis</li> <li>Custom or Off-the-shelf wrist-hand orthosis (eg: Titan)</li> <li>Orthosis off for hygiene and ROM</li> </ul>

## TFCC Repair

### Phase IV (8-10 weeks post-operative)

Rehabilitation appointments	<ul style="list-style-type: none"> <li>Depending on pain and ROM, frequency varies from twice per week to twice per month</li> </ul>
Rehabilitation goals and priorities	<ul style="list-style-type: none"> <li>Functional, pain-free AROM for forearm and wrist</li> <li>Progress PROM</li> </ul>
Suggested therapeutic exercises	<p>8 weeks:</p> <ul style="list-style-type: none"> <li>Instruct on self-ROM for forearm rotation, stabilizing ulna proximal to wrist and rotating/translating radius (NO TORQUE AT WRIST!). 30 second holds, several times per day.</li> </ul> <p>9 weeks:</p> <ul style="list-style-type: none"> <li>PROM for forearm and wrist as needed</li> </ul>
Precautions	<ul style="list-style-type: none"> <li>No sports until 12 weeks</li> <li>No resistance during forearm rotation except isometrics in neutral</li> </ul>
Orthosis	<ul style="list-style-type: none"> <li>8 weeks: Gradually starting weaning from wrist orthosis during the day, starting with light activity. Continue at night.</li> <li>9 weeks: If wrist flexion limited, consider static progressive wrist flexion orthosis, 2-3 times per day, 30-minute intervals.</li> <li>If forearm rotation is limited, consider static progressive or dynamic orthosis (with MD approval).</li> </ul>

## TFCC Repair

### Phase V (11-12 weeks post-operative)

Rehabilitation appointments	<ul style="list-style-type: none"> <li>• 2-4 times per month</li> </ul>
Rehabilitation goals and priorities	<ul style="list-style-type: none"> <li>• Gradual increase in strength</li> </ul>
Suggested therapeutic exercises	<ul style="list-style-type: none"> <li>• Hand strengthening with <u>forearm in supination</u>: hand exerciser with rubber bands or resistive putty</li> <li>• Light weights for elbow and wrist, incrementally increased</li> <li>• Only isometrics in neutral position for forearm strengthening (no torque at wrist!)</li> <li>• Defer from exercises with ulnar deviation</li> </ul>
Precautions	<ul style="list-style-type: none"> <li>• No sports until 12 weeks</li> <li>• No resistance during forearm rotation except isometrics in neutral</li> <li>• Recommend avoidance of compression and distraction exercises upon return to the gym (push-ups, chin-ups).</li> </ul>
Orthosis	<ul style="list-style-type: none"> <li>• 12 weeks: Discontinue orthosis, except during heavy activities (such as those returning to manual labor).</li> </ul>