Triangular Fibrocartilage Complex (TFCC) Repair

(1) Week Post-Operative.

Post operative dressings are removed and replaced with light dressing.

Keep the patient in a sugar-tong splint:

elbow (90 deg.); forearm (neutral); wrist (15-20 deg.) of dorsiflexion.

(Note: Do not remove if the patient is placed in a cast).

Initiation of edema management.

Initiation of A/AAROM exercises of the digits.

AA/ROM of the elbow into extension and flexion.

No Forearm or wrist ROM.

(2) weeks

Sutures are removed.

Initiation of scar management and desensitization.

Continue with edema management.

Continue with ROM and tendon gliding exercises of the fingers, and AROM of the elbow.

(4) weeks

Replace sugar-tong splint for a wrist cock-up splint.

Splint may be removed to perform ROM exercises (4-6) times daily:

Initiate isolated AROM of the: forearm into supination and pronation; wrist extension and flexion.

(6) weeks

May begin to wean from the splint.

Continue with edema / scar management and desensitization as tolerated.

Continue with ROM exercises.

Progress with AAROM ex of the wrist and forearm rotation.

Initiate light grip strengthening exercises (ie light putty).

The involved hand may participate in non-resistive ADL's (ie dressing, grooming).

(8) weeks

Discontinue splint use.

Continue with edema and scar management as tolerated.

Progress with ROM exercises to the digits, wrist and forearm.

Progress with strengthening as tolerated of the wrist and forearm rotation.

(10) weeks

Progress with HEP.

The patient may resume normal activity as tolerated.