

TRIANGULAR FIBROCARILAGE 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

Requirement for Progression to Phase 2

- Healed incisions
- Controlled pain

PHASE 2 - POST-OP WEEKS 1 TO

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 (range of motion):

- Wrist ROM:
 - 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, peri-scapular strengthening, rotator cuff protocol

Conditioning:

- Initiate aerobic exercises – BRACE ON

Requirements for Progression to Phase 3:

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

PHASE 3 - POST-OP 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
- Initiate 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 exercises
 - Stationary bike
 - Elliptical machine
 - Treadmill

Requirements for Progression to Phase 4:

- No effusion
- Full passive wrist flexion and extension

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PHASE 4 - POST-OP WEEKS 6 TO 10

Brace:

- Discontinue brace in the house when protective strength and functional ROM 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 ROM

Manual:

- Continued joint and soft tissue mobilization

Therapeutic Exercises:

- Strengthening:
 - *Begin isotonic strengthening at wrist in sagittal plane and progress to coronal and transverse plane as tolerated*
 - *Total body strength training permitted with caution to limit grip to be pain free*
- Conditioning:
 - *Stationary bike*
 - *Elliptical machine*
 - *Treadmill*

Requirements for Progression to Phase 5

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

PHASE 5 - POST-OP WEEKS 10 TO 14

Brace:

- Discontinue outside house

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:
 - *Continue bike*
 - *Elliptical machine*
 - *Running*
 - *Begin plyometric program*

Requirements for Progression to Phase 6

- Full ROM and painless in all planes
- Normal and symmetrical wrist strength

PHASE 6 – RETURN TO PLAY – 3+ MONTHS

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 tolerated*