

THERAPY PROTOCOL

Central TFCC Debridement

Dr. Logli

0-3 Weeks

Orthosis:

- Volar resting splint
- Muenster splint: consider if there is concern about the volar and dorsal radioulnar ligaments OR if there is concern with patient compliance

ROM:

- AROM in all planes of wrist and forearm in pain-free arc of motion
- Pt can begin with gradually increasing arc of motion to improve tolerance as needed

Contraindications:

- Gripping
- Wrist loading
- Repetitive forearm rotation
- Prolonged end ROM pronation and supination

Week 3-4

ROM:

- Week 3: PROM and AAROM of the wrist and FA so long as it is pain free
- PROM of the forearm must be completed with hand placement more proximally to the wrist avoid torsional load on TFCC

Proprioception/Stabilization:

- Wrist Maze
- Flexbar oscillations
- Dart throwers motion while holding a pen
- Tennis ball bounce/catch with forearm rotation for short durations if pain free

Orthosis:

- Starting at week 4 patient can remove orthosis for light ADLs while still avoiding gripping, loading, and repetitive or prolonged forearm rotation

Week 5-6

ROM:

- Weighted wrist stretches can be implemented to increased PROM

Proprioceptive/Stabilization

- Marble spins
- Frisbee with golf ball
- Bowling ball spin in-hand
- Light to moderate resistance UBE

Strengthening:

- Begin isometric strengthening of wrist and grip strengthening should be completed with forearm in supination
 - Muscles to target: brachioradialis, pronator quadratus, APL, and ECU
 - Hand strengthening can be completed with putty and rubber bands

Week 6-8

Strengthening:

- Initiate free weight and flexbar wrist and forearm strengthening pending presence of ulnar sided wrist pain

Proprioceptive/Stabilization

- Focus on increasing endurance with interventions such as higher resistance UBE and rebounder with weighted medicine ball

Orthosis:

- Discontinue orthosis

Considerations: for patients who complete need to return to more explosive weight bearing and axial loading, discuss with MD regarding when the more appropriate timeframe would be to implement this into therapy. It could be as long 16 weeks depending on the circumstances before axial loading can be tolerated.