



ORLANDO HAND SURGERY ASSOCIATES
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Open TFCC Repair

2 weeks:

Splint: The postoperative dressing and sutures are removed. A well molded posterior mold long arm splint is fitted for continual wear until a custom orthoplast or delta Muenster splint can be made in therapy that must be worn at all times

Motion: Unrestricted AROM and PROM for fingers but no wrist or forearm motion; edema control and scar tissue management can begin

4 weeks:

Splint: Continue splint as above except when doing exercises as below

Motion: The patient is to be instructed in AROM and PROM of wrist while keeping the forearm in neutral

6 weeks:

Splint: The patient can begin to wean out of Muenster splint, but should not throw away in case of new injury. Patient can transition to cockup wrist splint.

Motion: The patient is to be instructed in AROM and PROM of wrist and forearm. The patient may not lift, push, pull, carry > 5lbs, but can begin a progressive strengthening program at this point.

8-10 weeks:

Splint: The patient may benefit from static progressive pronation/supination splint at therapist discretion.

Motion: The patient is to have unlimited ROM in all planes and strengthen as tolerated with possible static progressive splinting as above if needed. The patient may not lift, push, pull, carry > 15lbs, but can continue strengthening.



12-16 weeks:

Motion: Continue ROM and strengthening as tolerated and may need to continue therapy if functional ROM is not achieved yet.

16 weeks:

Return to work and full activities with no limitations.

Typical return to all activities around 4 months postop, but full recovery can take up to a year. Use caution when returning to sports involving increased strain such as tennis, racquetball and baseball.

Please call with questions or concerns at the phone number above.