



## (TFCC) Triangular Fibrocartilage Complex – (EUC) Extensor Carpi Ulnaris Repairs Dr. Bakker’s Post-op Protocol

### IMPORTANT INSTRUCTIONS FOLLOWING SURGERY:

- After surgery, your forearm and hand will be in a large bandage and plaster splint. Please DO NOT remove this. Try to keep your bandage clean and dry.
- To minimize swelling, you must keep your hand lifted up to your shoulder level.
- When sitting or lying, you should use pillows to support your surgically affected extremity, especially when sleeping.
- Encouragement for finger movement to avoid stiffness and to help with swelling reduction. A pulling sensation may be noted, but this is normal.

### REFERRAL TO HAND THERAPY:

- You will be instructed to make an appointment with hand therapy (OT) 6 weeks post-operatively, preferably scheduled for the day your cast is removed. Depending on the clinic where hand therapy will be performed, please contact our Edina office at 952-456-7000 or our Plymouth office at 763-520-7870, to schedule.
- The goals for hand therapy following a TFCC or ECU repair is to regain full range of motion, decrease pain, progress to strengthening activities, and return to functional activities.
- After your cast is removed, you will be seen in hand therapy at 6 weeks post op and be seen for the next 6 weeks. You will be custom fabricated a splint (Muenster). You will be provided a home program and guided through the progression of range of motion. You will be seen 1-2 times each week.
  - Progression in Active Range Of Motion:

\_\_\_\_\_ 30 degrees palm up/palm down

\_\_\_\_\_ 45 degrees palm up/palm down

\_\_\_\_\_ 60 degrees palm up/palm down

- Place your small finger side of the hand on the table (thumb pointing to ceiling) and move your wrist back and forth to exercise wrist extension and flexion (windshield wiper motion). This should be conducted whenever you have the brace removed.

## SURGERY TO WEEK 2:

- Remain in post-operative splint in 90 degrees of flexion at the elbow.
- Perform gentle range of motion of the fingers and light activity use of the hand.
- No lifting weight greater than a full coffee cup.
- Ice 20-30 minutes, three times daily, applied over your splint.
- Transition to Tylenol and ibuprofen.

## WEEKS 2-6:

- Return to the clinic at the end of week two for the first post-operative re-evaluation, suture removal, and the application of a Muenster cast.
- Your cast will extend above the elbow, limiting you from palm up/palm down activities, but will allow for some elbow flexion and extension.
- The cast will be worn for an additional 4 weeks (total of 6 weeks in a cast).
- You may perform activities as tolerated in the cast, although you should avoid lifting more than a full coffee cup.
- Discontinuation of narcotics is expected, continue with Tylenol and ibuprofen as needed.

## WEEKS 6-12:

- Return to the clinic at 6 weeks from surgery for cast removal and re-evaluation.
- It is important to schedule an OT appointment the same day that your cast is removed for the fabrication of a custom splint to avoid over stretch of your repair. This splint will also extend above the elbow and limit forearm rotation. It will be worn for 6 weeks, but may be removed for bathing and exercises.
- Initiate hand therapy, which you will attend 1-2 times each week for the continued 6 weeks.
- The therapist will guide you in controlled motion exercises. **STRICT** compliance is necessary for an optimal outcome.
  - **First 2 weeks:** Motion is limited to 30 degrees palm up and 30 degrees palm down. Finger and wrist range of motion will be reviewed by your therapist.
  - **Second 2 weeks:** Motion is increased to 45 degrees palm up and 45 degrees palm down.
  - **Third 2 weeks:** Motion is increased to 60 degrees.
  - Full range of motion is 80 degrees.

## WEEK 12 AND BEYOND:

- Return to the clinic for re-evaluation by Dr. Bakker.
- Return to activities as tolerated.
- Further hand therapy sessions are not likely needed beyond this time.
- The splint will be discontinued at 12 weeks.