

## **TFCC Repair / Scapholunate Ligament Capsulodesis Rehabilitation Protocol**

Kelly Holtkamp, M.D.

Please fax initial evaluation and progress notes to 815-381-7498.

### **1-3 Days Postoperative**

- Do not remove the surgical bandage.
- Restrictions: No heavy lifting or pulling greater than 0 lbs.
- The patient is to begin active and passive range of motion of the fingers and thumb to prevent stiffness and reduce swelling.

### **10-14 Days Postoperative**

- The sutures are removed at Dr. Holtkamp's office.
- The therapist will fabricate a Muenster orthosis to allow some elbow flexion and extension, but limit forearm rotation and wrist motion. Contact OrthoIllinois Crystal Lake Therapy office at 815-444-8037 if you have any questions regarding fabrication of the orthosis. Adjust the orthosis for comfort based on radial side buried K-wires. The soft tissue surrounding the hardware is very sensitive.
- The orthosis is to be worn at all times. The orthosis may be removed for hygiene purposes and to perform the exercise program.
- The therapist will instruct proper skin care to prevent skin breakdown. The skin should be completely dry before re-applying the orthosis.
- Educate the patient on anti-edema management. This includes, but not limited to, self-retrograde massage, cold therapy, and extremity elevation. The anti-edema management will continue for several weeks.
- The tentative surgery date is confirmed to remove the K-wires.

### **3 Weeks Postoperative**

- The therapist will begin scar tissue management to decrease sensitivity and density, which could include ultrasound and/or silicone gel pads per therapist discretion. The scar tissue management will continue for several weeks.

### **4 Weeks Postoperative**

- Instruct the patient to begin active range of motion exercises for the wrist with the forearm in neutral position. Limit flexion and extension to 30 degrees. Limit radial deviation to 15 degrees. Limit ulnar deviation to 30 degrees. Do NOT force the range of motion. Forcing the range of motion or moving the wrist beyond the limitation could cause the hardware (K-wire) to break.

### **6 Weeks Postoperative**

- Instruct the patient to begin active range of motion exercises for the forearm.
- The Muenster orthosis can be discontinued. Instruct the patient to keep the Muenster orthosis. The orthosis may be required in the future if there is re-injury to the TFCC.

- The patient is to begin wearing the wrist cock-up orthosis.

### **8 Weeks Postoperative (After K-wire removal)**

- The orthosis may be discontinued.
- Instruct the patient to begin full active and passive range of motion exercises for the wrist.
- Instruct the patient to begin a progressive strengthening exercise program.

### **10 Weeks Postoperative**

- Instruct the patient to continue their home exercise program for range of motion and strengthening.
- If the patient has not achieved functional range of motion and strength, then continue with occupational therapy for an additional 2-4 weeks.

### **16 Weeks Postoperative**

- The patient may resume normal activities of daily living as tolerated.
- Work status: The patient is allowed to return to full duty status if the job requirements have been met. If not met, then a functional capacity evaluation and work hardening program may be recommended.
- The healing process can take up to a full year. Therefore, it is advised to continue with the home exercise program until goals have been met.
- Return to sports activity. Use caution when returning to sports involving increase strain across TFCC such as tennis, racquetball, and baseball.

#### ORTHOILLINOIS

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