

**Protocol W2**  
**Physical or Occupational Therapy Protocol for**  
**Wrist Arthroscopic or Open Triangular Fibrocartilage (TFC) Repair or**  
**Wrist Arthroscopic Thermal Stabilization of Distal Ulna or**  
**Open Stabilization of Distal Ulna w/Tendon Graft**

**Phase I: Protection Phase (weeks 0-6)**

**GOALS:**

- Reduce swelling in the wrist, hand and fingers.
- Prevent stiffness of shoulder, elbow and fingers.

**ANCILLARY MEASURES:**

- Use pain medication as needed.
- Keep operated hand elevated for 3-5 days in foam arm cradle.
- Immobilization in a single sugar tong plaster splint for 6 weeks. Return to the office every 2 weeks for splint change.

**EXERCISES:**

- **Active and Passive Finger Motion:** Actively bend the fingers into the palm, making a tight fist, then extend the fingers straight. You may use the non-operated hand to aid in full range of motion of the fingers. Repeat 5-6 times a day.
- **Shoulder Range of Motion:** Begin progressive active range of motion in all planes of the shoulder, 10 repetitions, repeat 3 times per day.
- **Elbow Range of Motion:** Work on flexing and extending your elbow when your plaster splint is changed during this phase of recovery. With splint in place, you should not be able to flex or extend the elbow.
- **Grip Strengthening:** Begin squeezing rubber ball or Silly Putty or Nerf ball about 3-5 days postop, 10 repetitions, repeat 3 times per day.

**PRECAUTIONS:**

- Keep splint clean and dry. Cover with plastic when showering.
- Do not push off with operated extremity.

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**Phase II: Motion Phase (weeks 7-12)**

**GOALS:**

- Restore normal elbow range of motion (ROM).
- Regain nearly full wrist ROM (expect mild stiffness).

**ANCILLARY MEASURES:**

- Discontinue plaster immobilization at 6 weeks.
- Use removable short arm splint until 8 weeks postop, then discontinue.

**EXERCISES:**

- **Continue all Phase I exercises:** Maintain full active shoulder ROM and finger ROM.
- **Elbow Range of Motion:** Work on active ROM by flexing and extending the elbow. Also, rotate your forearm by bringing palm upward (supination), then palm downward (pronation). You may notice mild loss of supination.
- **Wrist Range of Motion:** Begin progressive active ROM of the wrist by bringing the wrist back, then flexing the wrist toward the palm. Complete 10 repetitions and repeat 3 times per day. You may notice mild loss of wrist palmar flexion.
- **Grip Strengthening:** Continue grip strengthening by squeezing rubber ball, Silly Putty or Nerf ball. May progress to hand exerciser if needed.

**PRECAUTIONS:**

- Do not force wrist flexion toward the palm.
- Avoid pushing off with operated hand.
- No heavy lifting or sports activity.

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**Phase III: Strengthening Phase (weeks 13-26)**

**GOALS:**

- Maintain wrist ROM.
- Improve upper extremity strength.

**ANCILLARY MEASURES:**

- Scar massage if needed.
- Gel pad for tender scar if needed.

**EXERCISES:**

- **Continue Phase I and II exercises.**
- **Grip Strengthening:** Continue hand strengthening with a squeeze ball or hand exerciser.
- **Wrist flexion curl:** Sit with operated forearm resting on a table, hand extended over the edge of the table. Grasp a one pound dumbbell weight. With palm up, flex your wrist, curling the weight inward. Hold for 2 seconds, 5 repetitions.
- **Wrist extension curl:** Sit with operated forearm resting on a table, hand extended over the edge of the table. Grasp a one pound dumbbell weight. With palm downward, extend your wrist backward. Hold for 2 seconds, 5 repetitions.

**PRECAUTIONS:**

- Discontinue wrist curls if painful.
- Avoid heavy lifting and sports activity until 6 months postop.