

Post-operative rehabilitation protocol

Wrist arthroscopy and TFCC repair

Keyhole repair of the cartilage and ligament complex at the little-finger side of the wrist. For patients, hand therapists, and GPs.

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The plan at a glance

The phases below are for a repair of the triangular fibrocartilage complex (TFCC). The repair is stressed by turning the forearm, so turning is blocked for six weeks. If you had a keyhole inspection or a trim only, recovery is far quicker. See the section on changes to the protocol.

	Phase 1 Weeks 0 to 2	Phase 2 Weeks 2 to 6	Phase 3 Weeks 6 to 12	Phase 4 After 12 weeks
Splint	Above-elbow backslab, full time	Cast or splint that blocks forearm turning, full time	Removable wrist splint for comfort, then none	None
Movement	Fingers, thumb, and shoulder	Fingers, thumb, and shoulder. Elbow if the splint allows	Active wrist movement and forearm turning, regained gradually	Full range, with stretches
Load	Nothing in the hand	Nothing heavier than a cup of tea	Up to 1 kg. Light strengthening from week 10	Progressive strengthening
Review	Wound check and change of splint at 2 weeks	Clinic at 6 weeks	Clinic at 12 weeks	Discharge when strong

Darker shading means tighter restriction. Times are guides. Your surgeon's instructions take precedence where they differ.

Seek advice urgently if

- The wound becomes red, hot, or swollen, or it leaks or opens.
- You have a fever or feel unwell.
- A painful clunk returns at the little-finger side of the wrist, or the wrist gives way.
- New numbness develops over the back of the hand or the little finger.
- The dressing, splint, or cast feels too tight, or the fingers become cold, pale, blue, or very swollen.

Call 999 or go to the Emergency Department for shortness of breath or chest pain.

For anything else on this list, contact your surgical team the same day. Out of hours, call NHS 111.

Phase 1

Protect: weeks 0 to 2

Aims: control swelling, keep the fingers and shoulder moving, protect the repair.

Do

- Keep the hand raised above the heart for the first 48 to 72 hours.
- Make a full fist and straighten the fingers fully, ten times every hour.
- Move the thumb to each fingertip.
- Lift the arm above the head several times a day.
- Keep the backslab dry and in place until the two-week visit.
- Take pain relief regularly as prescribed.

Avoid

- Trying to turn the forearm inside the splint.
- Lifting or carrying with the operated hand.
- Getting the plaster wet.
- Driving.

Expected in this phase

The wounds are small. The wrist aches at the little-finger side. Swelling of the fingers settles with elevation and movement.

Phase 2

Hold still: weeks 2 to 6

Aims: let the repair heal, keep everything else moving.

Do

- Wear the cast or moulded splint at all times.
- Keep the fingers, thumb, and shoulder moving fully.
- Bend and straighten the elbow if the splint allows it.
- Use the fingers for very light tasks: typing, holding a fork.

Avoid

- Turning the forearm: keys, door handles, taps.
- Lifting anything heavier than a cup of tea.
- Taking the splint off, unless your therapist has shown you how.
- Driving.

Move on to Phase 3 when

Six weeks have passed and your surgeon has reviewed the wrist.

Phase 3

Regain movement: weeks 6 to 12

Aims: wrist movement and forearm turning, light daily use.

Do

- Bend the wrist forwards and back, and side to side.
- Turn the palm up and down with the elbow tucked into your side. Do not force it.
- Wear the removable wrist splint for comfort outdoors for the first two weeks.
- Start static (isometric) grip from week eight.
- Start light wrist and forearm strengthening from week ten.

Avoid

- Lifting more than 1 kg.
- Forced or loaded turning: screwdrivers, tight lids, heavy pans.
- Body weight through the hand.
- Racket sports and golf.

Move on to Phase 4 when

Forearm turning is close to full and the wrist is comfortable with daily tasks.

Phase 4

Strengthen and return: after 12 weeks

Aims: grip and turning strength, staged return to sport.

- Build grip, wrist, and forearm turning strength.
- Take weight through the hand in stages: table lean, wall press, then floor work from four months.
- Return to racket sports and golf in stages from four months.
- Return to heavy manual work and contact sport from four to six months.

What to expect

The little-finger side of the wrist can ache with twisting for six months. Full grip strength takes six to twelve months.

Return to activity

Typical times from surgery. Each depends on comfort, movement, and healing.

Activity	From	Condition
Desk work	1 to 2 weeks	One-handed at first
Running	6 weeks	Out of the cast
Driving	8 weeks	Able to grip and turn the wheel safely
Swimming	8 weeks	Gentle strokes
Light manual work	10 to 12 weeks	Within the 1 kg limit, then building
Light gym resistance	12 weeks	No weight through the wrist
Golf, racket sports	4 to 6 months	Pain-free loaded turning
Press-ups, weights	4 to 6 months	Staged return
Heavy manual work	4 to 6 months	Good grip strength
Contact sport	6 months	Full strength

Changes to the protocol

The findings at keyhole surgery decide the recovery. Your surgeon will tell you which applies.

- **Keyhole inspection, or a trim of a central tear, with no repair.** A bulky dressing is worn for three to five days. Movement starts at once. Normal use returns by two to four weeks, and sport by four to six weeks.
- **Repair of the deep attachment to the bone, or an unstable joint.** The cast stays on for six to eight weeks. Each later phase runs two weeks behind.
- **Shortening of the ulna at the same operation.** A plate holds the bone. Loading follows bone healing on X-ray, usually three months.
- **Smoking and diabetes.** Both slow healing. Stop smoking and vaping nicotine. Keep blood sugar well controlled.

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This protocol is general guidance for uncomplicated arthroscopic repair of the triangular fibrocartilage complex. It is not a substitute for individual medical advice. Instructions from your own surgeon and therapist take precedence.

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