

Name _____

Date _____

Physician _____



proaxistherapy™

Patient Flow Sheet

TFC PERIPHERAL REPAIR***NOT COMPLETED*** Steadman*Hawkins Protocol

Post op Week 1

Goals: Edema control

Protect repair

Intervention:

- Patient remains in bulky post-op dressing
- Instructions in edema control

Post Op Week 2

Goals: Edema and pain control

Continue to protect repair

Limit deconditioning

Intervention:

- Removal of bulky dressing
- Edema control with retrograde massage, Isotoner glove, and/or coban wrapping
- Daily pin care as needed
- Long arm cast with 90° elbow flexion and wrist in neutral or wrist cock-up splint fabricated
- Active and passive ROM for wrist and digits, include tendon glides (lumbrical grip, hook, fist, full fist)
- Isometric exercises for forearm/hand: 10 repetitions 4 times/day
- Low-grade isotonic exercises can be initiated if edema is not present (i.e., lightest putty)
- Light ADLs with 5 pound limit

Post Op Weeks 3-6

Goals: Edema and pain control

Increase ROM

Scar management

Improve strength

Intervention:

- Scar management with scar massage, scar pad
- Discontinue splint (unless patient is still symptomatic)
- Increase isotonic exercises up to 10 pounds maximum for upper arm, forearm
- Wrist mobility/weighted stretches with less than 5 pounds 3-4 times/day
- ADLs with less than 10 pounds

Post Op Weeks 8 – Discharge

Goals: Continue to improve ROM

Continue to increase strength

Simulate work requirements

Intervention:

- Dynamic splinting as necessary to increase ROM
- Progress strengthening with putty, hand exerciser, free weights
- Simulate work tasks as able

Note: It is important to remember that the goal of the surgery is to eliminate the patient's wrist pain, therefore, aggressive PROM or strengthening that increases pain is not appropriate.

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Therapist Name _____

working through pain associated with wrist stiffness or extrinsic tightness is appropriate, increasing ulnar-sided wrist pain is not.

If the patient has undergone an ulnar shortening in addition to the TFCC repair or debridement, the course of post-operative therapy will be altered.

Selected References:

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