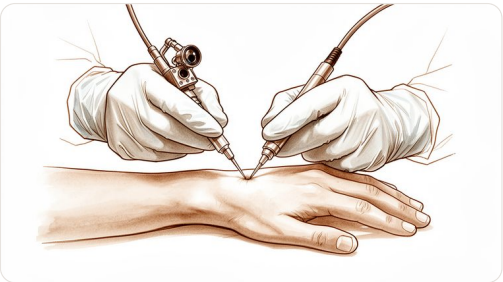
CQ HAND + UPPER LIMB
SPECIALIST ORTHOPAEDIC SURGEON

REHABILITATION PROTOCOL

Wrist Arthroscopy



Wrist arthroscopy is keyhole surgery: a camera and fine instruments work through a few small portals on the back of the wrist. What your recovery looks like depends on what was done inside.

Kieran Hirpara 4.0

This protocol guides your recovery after **keyhole (arthroscopic) surgery on the wrist** with Dr Kieran Hirpara at Mater Private Hospital Rockhampton. Wrist arthroscopy is done through a few tiny incisions (portals) on the back of the wrist, so the skin heals quickly — but **the pace of your recovery depends on what was done inside the joint**. It begins with your home exercise program, followed by the structured clinical protocol written **for your hand therapist** — bring this page or its PDF to your first therapy visit so your rehabilitation stays coordinated, and so your therapist follows the plan that matches your operation. Your therapist may adjust the plan depending on how your recovery progresses.

If you have any concerns about your wounds after surgery, get in touch with the rooms. It is often helpful to take a photo of the wound and email it for review.

What to expect

Wrist arthroscopy means the surgeon works inside your wrist through small keyhole portals using a tiny camera and fine instruments. Because the cuts are small, the skin and soft tissues heal fast — but **the inside of the wrist sets the timetable**, and there are two very different recovery paths:

- **A clean-up (debridement, synovectomy, dorsal ganglion removal, or a central TFCC tidy-up).** Here, nothing is stitched back together that needs protecting — damaged or inflamed tissue is simply trimmed or removed. So immobilisation is brief (often just a soft dressing or short splint for comfort), wrist movement begins **within days**, and you return to most activities over a **few weeks**. The central part of the TFCC (the cushion on the little-finger side of the wrist) has no blood supply and cannot heal if stitched, so when it is torn there it is trimmed rather than repaired — and that trimming behaves like a clean-up.
- **A TFCC repair (a peripheral or foveal tear stitched back down).** The outer rim of the TFCC *does* have a blood supply and *can* heal, so when it is torn there it is repaired — and that repair must be **protected**. The single biggest stress on a healing TFCC repair is **turning the forearm** (rotating the palm up and down). Because of that, the wrist and forearm are rested in a splint or a **Muenster (above-elbow) cast for about four to six weeks** — this lets the elbow bend but blocks the forearm rotation that would pull on the repair. Movement, then strength, are then rebuilt in careful stages, and full recovery takes around **three months** or more.

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Throughout both paths, the **fingers are kept moving from the start** (they were not operated on), swelling is controlled, and the small portal scars are looked after. Your hand therapist will follow the plan for **what was actually done in your wrist** — if you are unsure which path you are on, ask Dr Hirpara or check your operation note.

Precautions and limitations

- **Keep your fingers moving from the start** — make a fist and straighten out fully, several times a day. This is always allowed and prevents stiffness and swelling.
- **Follow the plan for what was done.** After a **clean-up**, gentle wrist movement starts within days. After a **TFCC repair**, the wrist and forearm stay protected in a splint or cast and you do **NOT** turn the forearm (palm up / palm down) until your hand therapist clears it (about four to six weeks).
- After a **TFCC repair**, do **NOT** force or load forearm rotation, and do **NOT** grip or lift heavily until cleared — rotation and load are exactly what stress the repair.
- Keep the keyhole portals clean and dry until healed; do **NOT** soak or scrub them. Look after the small scars once they have healed.
- Do **NOT** drive while your wrist is splinted, casted, or unable to safely control the wheel; arrange help with transport in the early weeks.
- Use the hand for light everyday tasks within comfort, as long as it does not involve the movements or loading you have been told to avoid.

For wound, swelling and scar management, see the practice's wound care guidance.

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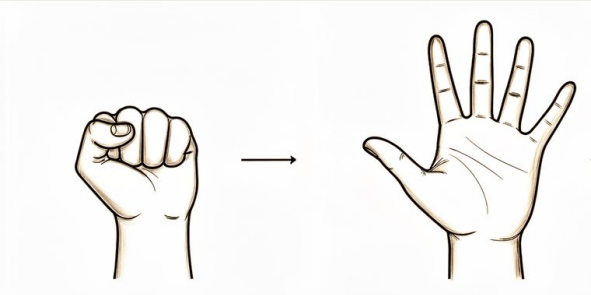
Your exercises



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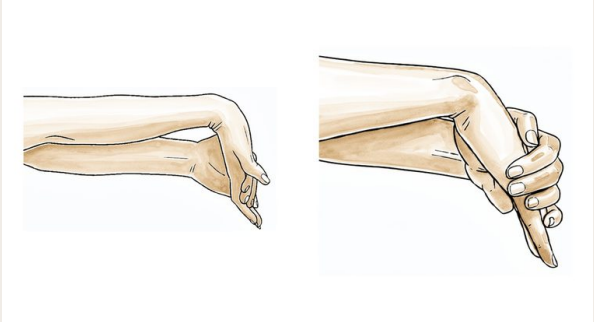
Finger movement (early)

From the first day or two, slowly make a full fist, then straighten your fingers all the way out. The fingers are not part of what was repaired, so keeping them moving is encouraged from the start — it controls swelling and stops the hand stiffening. Do this even while your wrist is resting in a splint or cast.

10 times, several times a day, from the start



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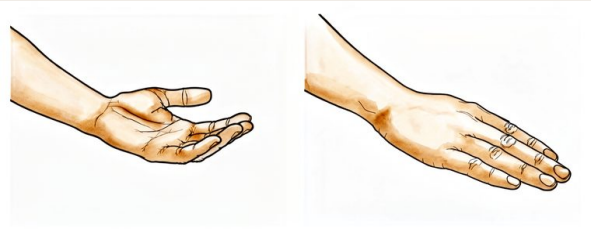
Wrist movement (per your plan)

If you had a clean-up (debridement, synovectomy or ganglion removal), gentle wrist bending up and down — and side to side — usually begins within a few days, as soon as comfort allows. If you had a TFCC repair, the wrist is rested in a splint or cast first, and wrist movement begins later, only when your hand therapist starts it. Always stay within the range you have been given.

10 times each direction, 2–3 times a day, once started



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Forearm rotation — palm up / palm down (per your plan)

With your elbow tucked at your side, gently turn your palm up towards the ceiling, then down towards the floor. After a clean-up this can usually begin early. After a TFCC repair this is the LAST motion to be freed — turning the forearm stresses the repair, so it is held back in a splint or cast for about four to six weeks and then re-introduced gradually. Only do this once your hand therapist has cleared it.

10 times each direction, 2–3 times a day, once cleared

Scar and portal care

Once the small portal wounds are fully healed and dry, massage each little scar with a fingertip using a plain moisturiser, in small circles. Keyhole portals are tiny but can feel tight or sensitive — gentle massage and tapping (desensitisation) keep the skin supple and settle any tenderness.

A few minutes, 2–3 times a day, once wounds are healed

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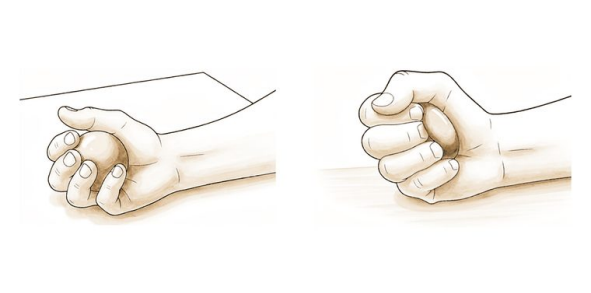

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Grip strengthening (later)

A LATER exercise — only once your hand therapist starts it. Squeeze a soft ball or therapy putty, hold briefly, then relax. After a clean-up, light gripping often begins within a couple of weeks; after a TFCC repair, strengthening waits until about eight weeks, once movement has returned. Build the effort up gradually and stop if it is sharply painful.

10–15 squeezes, 2–3 times a day, when cleared

These are the exercises from your handout. Start them only as guided by Dr Hirpara and your hand therapist, staying within whatever range and limits you have been given. **Finger movement and swelling control** begin from the start for everyone. **Wrist movement, forearm rotation and grip** are gated by what was done — early after a clean-up, but held back after a TFCC repair (forearm rotation especially, which is the last thing to be freed). Scar and portal care begins once the small wounds have healed. Stop anything that causes sharp pain.

Your clinical protocol

The rest of this page is the staged clinical protocol for rehabilitation after wrist arthroscopy. This section is to be provided to the hand therapist, and each phase opens with a plain-English explanation of what is happening. **The protocol forks on what was done.** A diagnostic-or-therapeutic clean-up (debridement, synovectomy, dorsal ganglion excision, chondral or scapholunate debridement, central TFCC debridement) follows the **early-motion path**. A peripheral/foveal **TFCC repair** follows the **protected-rotation path**, because forearm rotation loads the repair. Always confirm with the operation note and the treating surgeon which path applies.

Prior to treatment, check the patient's operation report and past medical history, and liaise with the treating surgeon regarding the procedure performed (pure debridement/synovectomy/ganglion/central-TFCC debridement vs peripheral/foveal TFCC repair), any associated DRUJ instability, and the prescribed immobilisation. The two pathways below differ chiefly in how long forearm rotation is protected.

PATH A — CLEAN-UP (DEBRIDEMENT / SYNOVECTOMY / GANGLION / CENTRAL-TFCC DEBRIDEMENT): EARLY-MOTION

The clean-up path removes or trims tissue without creating a construct that needs protecting, so the goal is to restore motion early and avoid stiffness. Immobilisation is brief and for comfort only.

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Phase I — early motion (weeks 0 to 2)

The first couple of weeks settle swelling and pain while motion begins almost immediately.

For your hand therapist:

Education and precautions - Immobilisation is **soft dressing or a short splint for comfort only**, typically up to ~2 weeks; no rotation restriction for a pure central debridement/synovectomy/ganglion - Fingers, thumb and (where comfortable) wrist move from day one - Keep portals clean and dry until healed

Management - Oedema: elevation, gentle finger pumping, ice as needed - Exercises: full active **finger and thumb ROM** from the start; **active wrist flexion/extension and radial/ulnar deviation** as comfort allows within the first days; gentle **forearm pronation/supination** as comfort allows - Wound: portal dressings as directed; monitor for infection

Criteria to progress - Portals healed; swelling settling; comfortable early ROM

Phase II — restoring motion and starting strength (weeks 2 to 6)

Motion is normalised and light strengthening is added once range is comfortable.

For your hand therapist:

Assessments - Active and passive wrist ROM and forearm rotation; grip; pain and swelling; scar/portal review

Management - Exercises: progress to **full wrist and forearm ROM**; begin **light grip and putty strengthening** from around 2 weeks; commence **scar/portal desensitisation and massage** once healed - Progress functional hand use as comfort allows

Criteria to progress - Near-full painless ROM; settled swelling; grip building

Phase III — strengthening and return (weeks 4 to 6 and beyond)

Strength and task tolerance are built back; most patients return to normal activity over a few weeks. Note that a clean-up gives reliable symptom relief but is **not guaranteed** for diffuse or recalcitrant ulnar-sided pain — manage expectations where pain is non-focal.

For your hand therapist:

Management - Exercises: graded grip and forearm/wrist strengthening; task- and work-specific loading - Return to light/most activity typically **2–6 weeks**; heavier manual or sporting load as tolerated and criterion-based - Consider discharge once strength is near-symmetrical and function restored

PATH B — PERIPHERAL / FOVEAL TFCC REPAIR: PROTECTED ROTATION

The repair stitches the outer (vascularised) rim of the TFCC back down. Because **forearm rotation stresses the repair**, the forearm is protected in a splint or Muenster (above-elbow) cast — which allows elbow flexion/extension but blocks pronation/supination — for about four to six weeks. Motion, then strength, are then graded back.

Phase I — protected immobilisation (weeks 0 to 6)

The repair is protected from rotational load while the fingers stay mobile. Practice varies, but the most common pattern is forearm immobilisation in neutral-to-slight-supination for about six weeks; an above-elbow (Muenster) cast or splint is used when rotation must be firmly controlled.

For your hand therapist:

Education and precautions - Immobilise to **protect forearm rotation**: splint or **Muenster/above-elbow cast** (elbow free, forearm rotation blocked), forearm in neutral to slight supination, for **~4–6 weeks** (commonly 6) - **No active or passive forearm pronation/supination** during this phase - **Full finger and thumb ROM from day one**; gentle shoulder ROM - Keep portals clean and dry; monitor for infection

Management - Oedema: elevation, finger pumping, ice as needed - Exercises: **finger/thumb AROM**; isolated **elbow flexion/extension** if a Muenster permits; **no wrist or forearm rotation loading** - Wound/scar: portal care; begin scar work once healed

Criteria to progress - ~4–6 weeks elapsed; repair protected; portals healed; fingers supple

Phase II — graded motion (weeks 6 to 8)

The cast/splint comes off and motion is rebuilt, **introducing forearm rotation last and gradually**, as it is the motion that stressed the repair.

For your hand therapist:

Assessments - Wrist and forearm ROM; pain and swelling; scar review

Management - Exercises: begin **active wrist flexion/extension and radial/ulnar deviation**; **gradually re-introduce forearm pronation/supination** within comfort — build the rotation arc up over the following weeks rather than forcing it - Continue scar/portal desensitisation

Criteria to progress - Comfortable, improving wrist and forearm ROM; pain settling

Phase III — strengthening and return (weeks 8 to 12+ and beyond)

Strengthening begins once roughly 70–100% of wrist and forearm motion is restored, then load and task tolerance are graded back.

For your hand therapist:

Assessments - Grip and forearm strength versus the other side; pain/swelling response to loading; functional and work-/sport-specific testing

Management - Exercises: begin **grip and forearm/wrist strengthening from around 8 weeks**, once 70–100% of ROM is regained; progress to graded resisted and task-specific loading - Return to sport/heavier work is criterion-based, typically around **three months** (range ~3–4+ months depending on demand) - Consider discharge once strength is near-symmetrical and function restored; refer back to the treating doctor if recovery plateaus or DRUJ instability recurs

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Getting back to work and activity

Light everyday hand use — eating, writing, light self-care — is encouraged from the start within comfort, as long as it stays within the limits you have been given. **Driving** resumes once you are out of any splint or cast and can safely control the wheel, as confirmed at your review; plan for help with transport in the early weeks.

How quickly you return depends on what was done. After a **clean-up** (debridement, synovectomy, ganglion or central-TFCC tidy-up), most people are back to normal light activity within **two to six weeks**, with heavier load built back as comfort allows. After a **TFCC repair**, forearm rotation is protected for about **four to six weeks**, strengthening begins from around **eight weeks**, and return to sport or heavier manual work is usually around **three months** — judged by regaining movement and adequate, symmetrical strength, not by the calendar alone, and decided by Dr Hirpara and your hand therapist together.

After your protocol

This protocol works alongside the practice's general recovery advice — see managing post-operative pain, wound care and scar management. If your operation involved the distal radioulnar joint or you are unsure which pathway applies, the distal radioulnar joint (DRUJ) hemiresection protocol is a related sibling. The phased plan above reflects published rehabilitation guidance after wrist arthroscopy and TFCC surgery, and your ongoing recovery is guided individually by Dr Hirpara and your hand therapist according to how your wrist progresses.

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