

# TFCC Tear

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## What is it: Soft tissue injury in the wrist

### Cause

There are two types of TFCC tears

- Type 1 → TFCC tear is caused by a traumatic injury. Most often, this occurs when a person falls and lands on the hand with the wrist bent back. This can also happen in conjunction with a wrist fracture. This can be common in athletes who put a lot of pressure on the wrist, such as a gymnast, or athletes who use rackets, bats, or clubs.
- Type 2 → TFCC tear occurs secondary to a degenerative or chronic condition. These are more common in people over 50. In this case, injury occurs over time and with age.

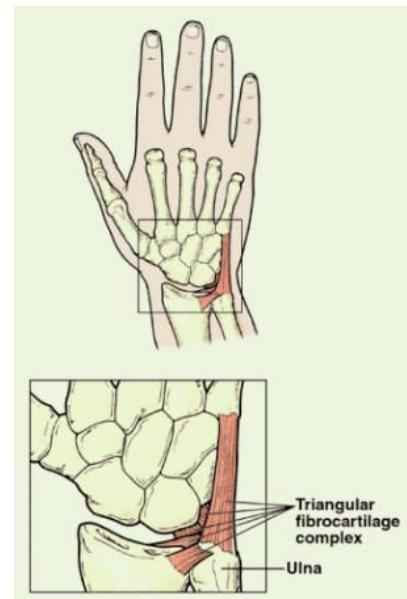
### Symptoms

- Pain is the most common symptom and is usually present at the wrist at the base of the pinky finger.
- Pain typically worsens when the wrist is bent from side to side.
- Swelling may be present in the wrist.
- There may be a click or a clunk when moving the wrist in certain directions.
- Some grip strength may be lost.

### Treatment

#### Non Operative Management

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### Anatomy Involved

The Triangular fibrocartilage complex, or TFCC, is located on the pinky side of the wrist. It is a cartilage structure that keeps the forearm bones, the radius and ulna, stable during grasping activities. It also helps to cushion and support the small wrist bones, or carpal bones.

The TFCC can either be torn by a traumatic injury, such as a fall or forceful forearm rotation, or can be damaged by degenerative or chronic disorders, such as rheumatoid arthritis or gout.

Orthosis → Your physician may refer you to an occupational therapist to fabricate an orthosis, or splint, designed to immobilize the wrist to allow healing of the TFCC. Another option is a wrist wrap, which is prefabricated, or pre-made. This may be issued initially if the injury is not too severe, or may be issued later in the healing process, once symptoms have decreased.

Home exercises → After about 6 weeks of immobilization, you may receive instruction in home activities designed to increase range of motion. Strengthening may be initiated at 8 weeks.

Injection → Your physician may suggest a corticosteroid injection prior to surgical intervention to help reduce swelling and inflammation of the affected tissues.

Anti-Inflammatories → Some patients may not be able to have an injection. In these cases, anti-inflammatory medications such as ibuprofen or advil may be suggested.

## **Operative Management**

If conservative management of the condition does not help, your physician may suggest surgery. This typically consists of cleaning the torn and damaged tissue and using sutures to repair the tear if necessary.

After surgery, the physician will typically remove the sutures 2 weeks postoperatively. After which, you will likely be referred to occupational therapy to have an orthosis fabricated, as described above. After adequate healing has occurred, you will receive instruction in active range of motion exercises to be performed at home to help increase the range of motion of the wrist.