

TRIGGER FINGER



WHAT IS...

Trigger Finger?

Trigger finger is a form of tendonitis, or irritation, involving the tendons that bend the finger. These tendons connect the muscles in the forearm to the bones in the hand. The tendons are supported by fibers called pulleys which create several tunnels along the length of the finger. When the muscles in the forearm contract (as when making a fist), the tendons slide under the pulleys. If there is inflammation present, the tendons do not pass freely under these pulleys because of the swelling and scar tissue. It is like trying to pull a knotted thread through the eye of a needle. The ring and middle fingers are the most commonly affected, but trigger finger can also affect the thumb.

What Causes Trigger Finger?

The exact cause of trigger finger is unknown, but many other hand and upper extremity problems and repetitive motion disorders have been associated with trigger finger.

How Can Trigger Finger Affect You?

Symptoms of trigger finger may range from mild discomfort to severe pain and locking of the digit. The ability to grasp and release objects may become compromised. Often it is quite tender in the palm and maintaining a firm grasp is difficult. Performing activities such as holding a hammer, ironing, driving, or carrying a grocery bag may become difficult.

What Can Happen if You Don't Seek Treatment for Trigger Finger?

Unfortunately, most patients do not seek attention for this problem until the symptoms have already progressed. The biggest risk factor for the patient who does not seek treatment is probably the possibility of the development of a fixed

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contracture, or bend, of the finger. Often if there is severe pain and locking, a person may avoid moving the involved finger altogether. After a period of time when there is no movement at a joint, the finger can become locked in a bent or straight posture. Simple exercises may then not be sufficient to restore movement.

What Are Some Options for Correction of Trigger Finger?

There are currently three treatment options for trigger finger. They include splinting, steroid injection, and surgery.

Splinting may or may not be successful in alleviating your symptoms. It is generally most successful in patients who have had symptoms for a few months or less. To be successful, the splint should be worn full-time (24 hours/day) for 3-6 weeks.

Injection with cortisone to the tendon sheath is done at your doctor's office. To avoid complications, you should see an experienced hand surgeon to perform the injection. Success rates with injection range from 50% - 94%.


Surgery is the final option. Your hand surgeon releases the pulley by making a small incision in the palm at the base of the trigger finger. Surgery is the most successful treatment.

What Does Your Hand Therapist Do to Help Correct this Condition?

Hand therapists may see a patient with trigger finger for conservative, or

Disclaimer: These education topics should not be construed as including all proper methods of care or excluding other acceptable methods of care reasonably directed to obtaining the same results. The final judgment regarding any specific procedure or treatment must be made by the hand therapist in light of all circumstances presented by the patient and the resources available.

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non-surgical, management or for post-surgical rehabilitation. Conservative treatment may include fabrication of a splint and instruction in appropriate exercises. Your hand therapist will also educate you regarding precautions and ways to modify everyday activities so as not to aggravate the condition.

Treatment may also include techniques to decrease inflammation including heat, cold, ultrasound, phonophoresis (the delivery of medicine into the tissue by ultrasound), or iontophoresis (the delivery of medicine into the tissue by electricity).

Your hand surgeon may also refer you to a hand therapist following surgical release. Therapy is generally initiated within the first week following surgery. Your hand therapist will address care of the wound, show you techniques to decrease swelling, and instruct you in exercises to restore full motion. Again, your hand therapist may use forms of heat and cold to address problems of pain, stiffness, and swelling. Your therapist will provide you with ongoing education regarding functional use of the affected hand.

Exercise programs are individual but several precautions are standard for treatment of trigger finger. You should avoid repetitive fisting, especially with a ball or putty. Maintaining a firm grip and exerting pressure over the palmar (palm-side) base of the finger are also discouraged.

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