

SHROPSHIRE HOSPITALS
HAND THERAPY GUIDELINES

TRIGGER FINGER/THUMB

Definition:

Trigger finger/thumb is a common disorder characterized by catching, snapping or locking of the involved flexor tendon, associated with dysfunction and pain. A disparity in size between the flexor tendon and the surrounding pulley system, most commonly the first annular (A1) pulley, results in difficulty flexing or extending the finger and the 'triggering' phenomenon.

Classification:

<u>Green Classification</u>	
Grade 1.	Palmpain and tenderness A1pulley
Grade 2.	Catching of digit
Grade 3.	Locking of digit – passively correctable
Grade 4.	Fixed, locked digit

Signs and Symptoms:

- Locking, triggering or catching during active flexion/extension
- Pain/tenderness over A1 pulley
- Possible swelling
- Palpable snapping or crepitus over the A1 pulley
- Palpable tendon nodule distal to the MCP joint in the palm
- Possible fixed flexion deformity at the PIP joint
- Locked finger flexion/extension

Factors to Consider:

- Presence of RA/Diabetes/Dupuytren's
- Stage of Triggering

The treatment of trigger finger depends on the severity of the symptoms.

Aims of Conservative Management:

- Education – BSSH leaflet
- Reduce any swelling
- Minimize pain
- Maintain ROM
- Promote functional use without triggering/locking

Treatment:

Consider:

- Splintage
- Contrast bathing, ice, coban

Splintage: Fabrication of daytime splint.

- Static volar finger ring splint with the MCP joint held in neutral and the IP's free

Removal of the splint every few hours should be encouraged and AROM of the finger undertaken. This regime should be encouraged for three weeks. If improvement is seen then continue for a further 3 weeks. If no improvement is seen return to referrer.

- A static volar hand based finger extension splint may be considered for night time use particularly if the finger is locking in a flexed position at night
- Advise the patient to abstain from activities requiring grasping, acute flexion or repetitive stress of the digits

Injection:

Corticosteroid injection into the tendon may be beneficial in promoting the tendon to glide freely again.

Surgical Release of the A1 Pulley/Trigger Finger Release

- Early reduction of dressing and wound check
- Oedema control
- Differential tendon gliding exercises to reduce the risk of adhesions
- Full AROM fingers
- Return to light ADL
- Scar Management
- Consider night extension PIP splint if contracture

Complications:

- Infection
- Finger stiffness – PIP joint flexion contracture
- Pain
- Nerve damage
- Tendon bowstringing
- CRPS

Outcome Measures: MSK - HQ

References:

*British Society for Surgery of the Hand Evidence for Surgical Treatment (Best) (2016)
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*Linder-Tons. S & Ingell. K (1998) An Alternative Splint Design for Trigger Finger
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