



# IN TOUCH

## Hand Therapy

### HANDout #4

## HAND THERAPY FOR TRIGGER FINGER

The symptoms of trigger finger (or digital stenosing tenosynovitis) can vary between stiff, sluggish finger flexion in the mornings to clinical locking of the PIP joint. It can involve fingers, commonly the middle and ring, as well as the long flexor tendon to the thumb.

As with other disorders of the tendon sheath, trigger finger can co-exist with de Quervain's disease and carpal tunnel syndrome.

Causes include:

- Trauma, often hyperextension of the finger, or a direct blow
- Repetitive microtrauma, occupational or otherwise
- Local anatomical anomalies
- Metabolic disorders
- Inflammation or infection

Splinting, in conjunction with tendon gliding exercises and local massage, offers a safe conservative option for these patients.

Response is best when triggering has been present for less than 4 months.

An initial programme includes:

- The fabrication of a night splint, holding the MP joint in neutral or slight hyperextension, and may include the PIP (or IP joint of the thumb) if necessary. This holds the inflamed portion of the tendon sheath beyond the A1 pulley.
- A daytime splint, which may be the same or a less bulky design, to prevent flexion of the MP joint
- A programme of tendon gliding exercises at regular intervals, to maintain tissue nutrition through movement during the time spent in the splint.
- Massage and ultrasound over the tendon sheath.



## POST SURGICAL REHABILITATION

Cortisone injection or surgery may be indicated when conservative measures have failed, are inconvenient or in patients with a significant flexion contracture.

Generally the A1 pulley is incised and may be partially excised, depending on the surgeons preference.

Post operatively, patients who fail to regain full smooth ROM within the first few days, or who develop hypertrophic scarring can benefit from hand therapy.

This would include:

- Wound and oedema management
- Tendon gliding
- Graded strengthening by 3 weeks



Custom-made Trigger Finger Splint

Colbourn J et al, Effectiveness of splinting for trigger finger. *J Hand Ther.*2008; 4:336-342

Lindner-Tons S, Ingell K, An alternative splint design for trigger finger. *J Hand Ther* 1998, 3:206-208

Peterson Lee et al, Surgeon's and therapist's management of tendinopathies in the wrist and hand. Chapter 55, *Rehab of the Hand and Upper Extremity* 5th Edn 2002. Mosby.