

Trigger Finger

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What is it: Inflammation of flexor tendon of finger

Cause

Trigger finger can be caused by inflammation of the tendon or the protective lining of the tendon, making it difficult for the tendon to glide through the tunnels normally.

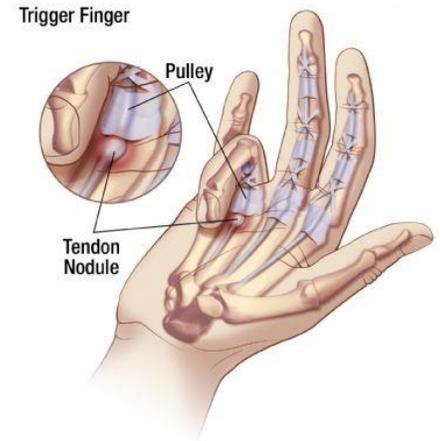
Nodules may form on the tendon, especially as the condition becomes more severe, which impede the ability of the tendon to pass through tunnels easily.

Traumatic injury to the tendon, or the pulleys, can also result in a trigger finger.

Activities that require repetitive or sustained gripping, pinching, or pressing with the fingers or thumb increase the stress on the tendon and can result in the development of trigger finger.

Symptoms

- Stiffness of the finger that may be worse in the morning.
- Popping, clicking, or snapping sensation that occurs as the affected finger is moved.
- There may be a bump, or nodule, in the palm at the base of the affected finger. This may be sensitive or tender to the touch.
- The finger may catch or lock in a bent position, which can suddenly pop straight with more force than usual.
- The affected finger may not be able to be straightened unless it is pulled straight with the other hand.



Anatomy Involved

The muscles responsible for flexing the fingers originate from the elbow with the muscle bellies in the forearm. There are tendons that run through the hand and to the fingers and attach the muscles to bone. Along each finger, there are a series of tunnels formed by the bones of the finger and ligament bands designed to hold the tendon against the bones. These ligament bands are known as pulleys.

Inflammation or injury to a tendon can result in difficulty of the tendon to pass through under the pulleys and through the tunnels easily.



Treatment

Nonsurgical Management

Initially, it is likely your physician will want to attempt conservative treatment.

Injection → 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, or if the condition is too severe, your physician may suggest surgery. This typically consists of releasing the pulley in the palm at the base of the affected finger in order to decrease the pressure and irritation to the tendon.

After surgery, the physician will typically remove the sutures 2 weeks postoperatively. After which, you will be encouraged to begin using the hand again normally for light activities. You may be referred to occupational therapy for instruction in some home exercises to perform. These will typically consist of active movement of the fingers to help you regain full motion of the affected finger(s). Strengthening activities may be added to the home program after a few weeks but should usually be avoided during the first few weeks postoperatively.

References

Skirven, T., Osterman, A., Fedorczyk, J., & Amadio, P. (2011). Management of Hand and Wrist Tendinopathies. In *Rehabilitation of the Hand and Upper Extremity* (6th ed., Vol. 1, pp. 575-578). Philadelphia: Elsevier.

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