

Trigger Finger

Information for patients

Aim of this leaflet

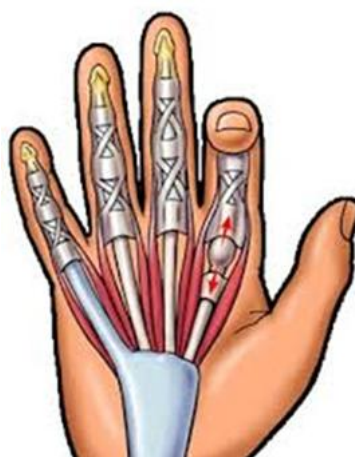
Providing information and advice on the management of Trigger Finger.

What does it mean?

Trigger Finger is a common disorder of the hand which causes a painful snapping or locking of the fingers.

The medical term for this is Stenosing Tenosynovitis.

- Stenosing refers to the narrowing of an opening or passageway in the body.
- Tenosynovitis refers to inflammation of the outer covering of the tendons that bend and straighten the fingers.



Why does Trigger Finger occur?

The tendons work like ropes, connecting the forearm with the bones of the fingers and thumb. In the fingers, pulleys form a tunnel, under which the tendons must glide. These pulleys hold the tendons close to the bone.

Trigger Finger occurs when the tendon develops a nodule or swelling of the lining. This results in the tendon having to squeeze through the opening of the tunnel (flexor sheath) causing pain or popping. When the tendon catches, it will become more inflamed and swollen, creating a vicious cycle.

Sometimes the finger may become stuck, and it is hard to straighten or bend.

Treatment for Trigger Finger

The aims of the treatment are as follows:

- to reduce pain
- to reduce inflammation/swelling
- to return to full use of hand
- prevent recurrence of the condition

Splinting

- Your therapist will provide you with a splint which prevents the knuckle joint from bending but allows bending at the top two joints of the finger.
- The splint prevents the finger movement which causes pain and aims to reduce the swelling and inflammation of the tendon, by resting the joint.
- You are advised to wear the splint at all times for six weeks initially, followed by a review. Following review, the splinting may be continued, depending on the symptoms.

Exercises and massage

- Normal use of the hand with the splint on is encouraged.
- Massage the affected area with lotion for 5 minutes gently twice a day.
- The following exercises need to be carried out 5 times a day, 5 repetitions of each:
 1. Hook grip movements with the splint on.
 2. Finger bending and straightening passively using the other hand, with splint off.

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