

Provider Outlook

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TRIGGER FINGER

By: Eric Hofmeister, M.D.

Stenosing tenosynovitis, better known as a trigger digit or trigger finger, is a condition which may lead to a finger(s) getting stuck in a bent position, local swelling, and stiffness.

Oftentimes the finger may straighten with a snap — like a trigger being pulled and released, or require manual straightening. The tendon sheath attaches to the finger bones and keeps the flexor tendon in place as the tendon moves. Trigger fingers are caused by inflammation in the space within the sheath that surrounds the tendon in the affected finger. As the affected finger's tendon sheath becomes irritated and inflamed, there is interference with the normal gliding motion of the tendon through the sheath and narrowing of space for the tendon. This can lead to a finger becoming "locked" in a bent or flexed position.



Symptoms include:

- Finger stiffness, usually worse in the morning
- Tenderness or a bump (nodule) in the palm at the base of the affected finger
- A popping or clicking sensation as you move your finger

- Finger catching or locking which suddenly pops straight
- Finger locked in a bent position

Although the exact cause is not known, the condition is more common in individuals aged 40 to 60, women, as well as those with certain medical conditions, such as diabetes, rheumatoid arthritis or those who have experienced local trauma. Diagnosis of a trigger digit is made on history and physical exam. No elaborate tests are required, but often the treating provider will obtain radiographs to ensure there are no other concomitant conditions. Treatment of trigger finger varies depending on the severity. Several treatments are available and include:

- **Medications:** Nonsteroidal anti-inflammatory medications, such as ibuprofen (Advil, Motrin) or naproxen (Aleve), or acetaminophen (Tylenol) may relieve pain but are unlikely to relieve swelling constricting the tendon sheath or trapping the tendon.
- **Rest:** If symptoms are mild, resting the finger may be enough to resolve the problem. Avoid activities that require repetitive gripping, repeated grasping or the prolonged use of vibrating handheld machinery.
- **Ice or heat:** Some people experience improvement by icing the palm several times a day. Others see more benefit with warm-water soaks, particularly first thing in

the morning.

- **Splinting:** Wearing a splint, particularly at night, keeping the affected finger in an extended position, helps rest the tendon. Splinting also helps prevent bending the finger(s) into a fist while sleeping, which can make it painful to move the fingers in the morning. Often 4 to 6 weeks of night splinting is required to see results.
- **Stretching exercises:** Gentle exercises to help maintain mobility in your finger, particularly fully extending and flexing the digit, may help relieve symptoms and is important to prevent long-term stiffness.
- **Steroid injection:** An injection of a steroid medication near or into the tendon sheath may reduce inflammation and allow the tendon to glide freely again. This is the most common treatment, and in people who do not have diabetes, it is effective in up to 90 percent of patients. In people with diabetes, it is effective about half the time. Sometimes to obtain these results, a second injection is needed.
- **Surgical release:** A surgery that is not complex and done on an outpatient basis if all other measures fail is extremely effective. Surgery consists of injecting local anesthesia into the palm, and releasing the constricting band utilizing either a needle or by making a small

incision. Aggressive motion is encouraged following the procedure with routine wound care. Occasionally, more extensive surgery may be required in “complex” trigger digits. Though complications are very rare, they include stiffness, infection, recurrence, persistence of triggering, and bowstringing of the tendons.

Trigger fingers are a common cause of pain in the injured worker. As such, an understanding of the etiology, the natural history, and appropriate treatment is essential for successful diagnosis and management. A careful review of the patient’s work conditions/occupational factors and current literature, in association with a thorough history and physical exam, is often required to determine if there is any evidence of a causal relationship between this condition and the patient’s occupation.

ABOUT THE AUTHOR

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Eric Hofmeister, M.D. is a board-certified orthopedic surgeon. He is a graduate of Marquette University. He completed his medical degree at the Uniformed Services University of the Health Sciences and his residency at the Naval Medical Center in San Diego, CA. Dr. Hofmeister also completed a hand fellowship at the Philadelphia Hand Center in Philadelphia, PA. He is able to address all musculoskeletal concerns in the IME setting with special interest in conditions of the hand and upper extremity.