

Do you have Trigger Finger?

Your doctor diagnoses Trigger Finger based on your symptoms, clinical examination, and x-rays. X-rays may be ordered by your doctor to confirm the diagnosis or to exclude other problems.



Symptoms

- A finger stuck in the flexed position
- A swelling or nodule at the base of the finger in the palm
- Pain in the finger or joint where it connects to the palm of the hand.

Can Trigger Finger be prevented?

No. There is not a 100% guarantee to prevent someone from developing Trigger Finger.

The most common Trigger Finger in children affects the thumb.

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Trigger Finger



What is Trigger Finger?

Trigger Finger is an inflammation of the flexor tendon of your finger or thumb. Trigger Finger is also known as tenosynovitis and occurs when the tendons that attach the muscle to the bone become swollen. The synovium (which is a membrane that allows the tendons to move around easily) also becomes inflamed making it difficult to straighten one's finger.



Causes

The real cause of Trigger Finger is unknown; however repeated use of a tool or instrument can irritate the tendon and synovium causing them both to become inflamed. An injury to the palm of the hand can also cause the tendon and synovium to become inflamed as well. Some children are born with a trigger thumb or develop it early in childhood.

Treatment Options

Treatment of Trigger Finger depends on the severity of symptoms. Each child is different, and your physician will suggest the best treatment option for the child.

Medication Taking anti-inflammatory medicine or NSAIDS (non-steroidal anti-inflammatory drugs) such as Motrin, Advil, Naproxen or Aleve as directed by your doctor can be effective. This medication should be taken for 10 to 14 days to allow the medicine to build to therapeutic levels in the body. Taking the medication infrequently allows the medicine levels to drop, which decreases effectiveness.

Rest The doctor may splint the trigger finger along with recommending an anti-inflammatory medicine to help reduce the swelling.

Passive Extension Exercises and observation indications not recommended for fixed deformities in older children. Passive extensive exercises and observation are frequently successful in younger children. Technique passive thumb extension exercises duration based on clinical response outcomes 30-60%, will resolve spontaneously before the age of 2 years old <10% will resolve spontaneously after 2 years old.

Surgery may be required if other treatment options do not result in resolution of the trigger finger. Surgery to release the tendon sheath pulley is sometimes needed. This is an out patient procedure and typically takes about 30 minutes to perform. Patients are usually in a bulky bandage, cast, or splint for one or two weeks post-operatively. Most children can return to normal activities within two weeks.

Understanding Your Trigger Finger

Examination of a Trigger Finger

The doctor will examine your finger and palm for any tenderness or swelling. He may ask you to make a fist with the injured hand and then try to straighten all the fingers. The trigger finger may suddenly pop back into normal position or stay curled up.

Tendons are fibrous, cordlike structures that attach muscles to bones. The tendon sheath permits the tendon to glide smoothly and the pulley prevents bowstringing of the tendon. In the case of Trigger Finger, the tendon becomes inflamed, not allowing the finger to move beneath the tendon pulley, and thus causing it to stay in a flexed position.

