

## PROVIDING SPECIALISED TREATMENT FOR

- IMPINGEMENT
- ROTATOR CUFF DISEASE
- INSTABILITY
- FROZEN SHOULDER
- OSTEOARTHRITIS
- POSTURAL DYSFUNCTION
- DISLOCATIONS
- FRACTURES
- CARPAL TUNNEL SYNDROME
- DE QUERVAIN'S TENOSYNOVITIS
- MALLET FINGER
- TENDON INJURIES
- OVERUSE INJURIES
- PLUS GENERAL PHYSIOTHERAPY

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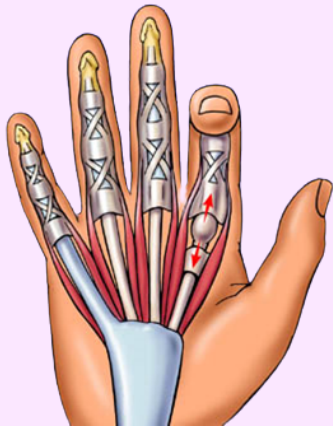


# TRIGGER FINGER

Information Brochure

# WHAT IS TRIGGER FINGER?

Trigger finger is a common condition caused by the inability of the flexor tendon to glide properly owing to a size mismatch of the tendon and its protective covering (tendon sheath). It is thought to be caused by inflammation and subsequent narrowing of the sheath or enlargement of the tendon itself.



# WHAT CAUSES TRIGGER FINGER?

Work or hobby activities that involve repetitive gripping or holding tools strongly for long periods of time, which press firmly on the tendon sheath at the base of the finger or thumb. This may irritate the tendons and result in thickening of the tendons themselves or of the tendon sheath.

# WHO GETS TRIGGER FINGER?

Farmers, industrial workers and musicians are frequently affected since they rely on their fingers and thumbs for multiple repetitive movements. Trigger finger is more common in women than men and tends to occur most frequently in people between the ages of 40 and 60.

It can also occur in toddlers when it is a painless condition and where the thumb becomes fixed in a bent position.

# WHAT ARE THE SYMPTOMS?

One of the first symptoms may be soreness at the base of the finger or thumb. Painful clicking may occur which can worsen after periods of inactivity and loosen up with movement.

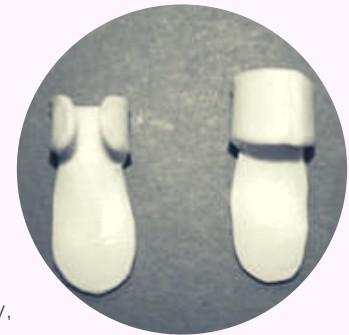
As the condition progresses the finger or thumb can become locked in a bent position and must be gently straightened with the other hand.

# WHAT ARE THE TREATMENT OPTIONS?

As with most conditions, the first step is to limit the activities that aggravate the triggering. Initial treatment may involve the use of a plastic splint to reduce movement of the tendon and reduce swelling.

Splintage may be necessary for six weeks or more and should be used continuously.

Your doctor may also recommend a steroid injection, which is a very strong anti-inflammatory, to reduce the swelling.



In stubborn cases, or if symptoms have been present for several months, or if the finger is locked, surgery is recommended.

In infants, most cases resolve spontaneously. If the thumb deformity has not corrected by 3 years of age, surgery is advised.