



CAPTA NEWS

Volume 5, Issue 2

February 2010

Capitol Physical Therapy-Charlotte
616 Meijer Drive
Charlotte, MI 48813
517-543-3459
517-543-3643 Fax
Jim Fradette, PT

Capitol Physical Therapy-Delta
701 Snow Road, Suite A
Lansing, MI 48917
517-323-0593
517-323-0002 Fax
Andy May, PT
Kathy Gorton, OTR, CHT

Capitol Physical Therapy-Dewitt
12800 Escanaba Drive, Suite 3
Dewitt, MI 48820
517-669-7228
517-669-5759 Fax
Kristen Finos, PT, DPT

Capitol Physical Therapy-East Lansing
830 West Lake Lansing Road
Suite 250
East Lansing, MI 48823
517-333-8533
517-333-8539 Fax
Lou Finos, PT
Kathy Gorton, OTR, CHT
Sharalee Boda, OTR, CHT

Capitol Physical Therapy-Lansing
1540 Lake Lansing Road, Ste G-01
Lansing, MI 48912
517-913-3949
517-913-3950 Fax
Kristen Finos, PT, DPT
Nichole Doorn, PT, DPT

There's a difference you can feel.

www.capitolphysicaltherapy.net

TRIGGER FINGER

a.k.a. Stenosing Tenosynovitis

Anatomy of the finger: The fingers consist of tendons, ligaments, bones, nerves, arteries and veins. The anatomy involved in a *trigger finger* is the finger flexor tendons and the pulley ligaments. The flexor tendons allow us to bend our fingers. The pulley mechanisms allow us to bend our fingers more efficiently. That is, they keep the tendons close to the bone and prevent “bowstringing”. This is often described as the line guides in a fishing pole and the fish line. (See diagram)

What is it? The “line guides” or pulleys can swell causing a constriction of the tendon resulting in a popping or catching feeling in the finger or thumb. This then produces inflammation or even more swelling thus the beginning of a cycle of triggering, inflammation and swelling. Sometimes the finger will lock in a bent position making it very painful and difficult to straighten the finger again.

What causes it? It is believed that repetitive gripping, sustained static gripping or trauma to the palm of the hand can cause this. It can also be associated with rheumatoid arthritis, diabetes or gout.

Signs and symptoms: Almost always the person has pain with pressure at the base of the finger or thumb. You can sometimes feel a nodule in the same area. The finger will sometimes “snap” back into extension. The person will sometimes think the problem involves their middle knuckle or sometimes in the knuckle at the tip of the finger.

Treatment: The goal of treatment is to eliminate the trigger mechanism. This can be done conservatively with splinting and anti-inflammatory medications. Changing the activities that cause the finger to trigger. A steroid injection may also be of some benefit. If conservative measures do not relieve the pain and symptoms, then surgery is indicated. The surgery is an outpatient procedure usually with a local anesthetic. The pulley is released to free the tendons and the patient is instructed to begin moving the fingers immediately after the surgery. Some patients may feel tenderness, swelling and discomfort after surgery about the area. They may benefit from post-operative hand therapy to regain full functional use of the hand.

