

CAPE COD SPORTS MEDICINE INC.

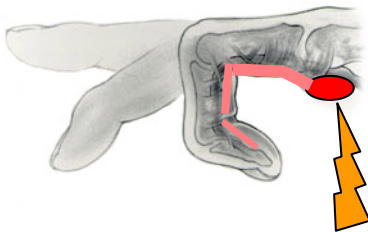
ORTHOPEDIC SURGEON

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TRIGGER FINGER

Trigger Finger describes a condition in which the finger gets caught either in bringing it down (flexion) or in straightening it out (extension). At first it may be painless and intermittent, but progressively gets painful and occurs with regularity. The pain is located at the base of the involved finger. True locking may occur which requires the opposite hand to break it free. At first the trigger finger is little more than an annoyance, which gradual progresses to interfere with most activities of daily living.



CAUSE: Trigger finger usually results from an overuse phenomenon. It comes on gradually. It usually is worse first thing in the morning. Repeated vibratory forces in the palm of the hand have been implicated.

Diagnosis: The diagnosis usually can be made on the basis of a good history and physical exam. Oftentimes the finger will not "lock" in the doctor's office, however tenderness can be palpated (felt) at the base of the involved finger.

TREATMENT: Treatment begins with conservative therapy. If an offending agent is identified, it is removed from daily activities. Non-steroidal anti-inflammatory drugs (NSAID's) are used to reduce the inflammation in the palm of the hand. Your Orthopedic Surgeon will inject a steroid solution directly into the tendon sheath that is inflamed. Splinting of the metacarpal-phalangeal joint (MCPJ) is sometimes used in severe cases. Surgery is usually reserved for the refractory cases that remain symptomatic and painful. The surgical procedure involves a 1-inch incision to release the tight pulley under which the swollen tendon traverses. This often takes less than 10 minutes and is done as same-day surgery. The patient is encouraged to move the fingers almost immediately post-operatively. Symptomatic relief is immediate, and recurrence is very rare.