Trigger finger - assessment

Clinical presentation

History

Examination

Consider differential diagnoses

Consider referral to hand surgery

Trigger finger diagnosed

Go to trigger finger - management

IMPORTANT NOTE

Last reviewed refers to the date of completion of the most recent review process for a pathway. All pathways are reviewed regularly every twelve months, and on an ad hoc basis if required. Due for review refers to the date after which the pathway on this page is no longer valid for use. Pathways should be reviewed before the due for review date is reached.
1 Trigger finger – assessment

Quick info:
Scope:
• diagnosis of trigger finger (digital flexor tenosynovitis or flexor tendon stenosing tenosynovitis) in adults
• primary and secondary care surgical and non-surgical management, including management of congenital flexed thumb in children
Out of scope:
• diagnosis or management of other disorders of the hand
Definition:
• usually affects a flexor tendon of the thumb, middle or ring fingers
• some experts think that inflammation of the tenosynovium surrounding the tendon sheath causes the sheath to narrow, thereby restricting tendon movement – the aetiology of trigger finger is unclear
• the tendon catches at the edge of the first annular pulley (A1) locking the affected digit in a bent position; when the tendon releases, the finger or thumb snaps back
• chronic triggering may result in proximal interphalangeal joint contracture
Risk factors for trigger finger include:
• rheumatoid arthritis
• other inflammatory conditions, eg gout
• diabetes mellitus
• repetitive gripping actions for extended lengths of time, eg holding a power tool or musical instrument
• hypothyroidism
• amyloidosis
• infections, such as tuberculosis and sporotrichosis
Prevalence:
• most common in adults age 40 years or older
Prognosis:
• some cases of trigger finger resolve spontaneously
• prognosis following corticosteroid injection and surgery is generally good, particularly if symptoms have been present for less than 4 months and there is no medical comorbidity such as diabetes or rheumatoid arthritis
References:

2 Clinical presentation

Quick info:
Trigger finger typically presents with some of the following:
• painful clicking when using affected finger
• patient may experience difficulty flexing or extending the affected finger
• tenderness or a palpable swelling or nodule between the base of the affected finger and distal palmar crease
• pain which radiates down the affected finger
• the finger locks in a flexed position and must be passively extended to straighten it
• the thumb, middle and ring fingers are most commonly affected, but any of the digits may be involved
• fingers on both hands may be affected
• multiple digits may be involved in people with diabetes or rheumatoid arthritis
3 History

Quick info:
Establish the following:

• age
• left or right handedness
• location and duration of any symptoms in the hand or fingers, such as:
  • joint stiffness
  • pain
  • inflammation or swelling
  • tenderness
  • stiffness, locking or loss of motion of finger joints, e.g. flexion, extension
• note which digits are involved
• ask specifically for the characteristic trigger action where the affected digit locks in a flexed position and snaps painfully on release
• recent or past trauma to the hand
• profession and activities:
  • do hand symptoms interfere with normal daily activities?
  • which activities are affected?
• whether there is a history of:
  • diabetes mellitus
  • rheumatoid arthritis
  • hypercholesterolaemia
• stiffness, inflammation or pain in joints other than the hand

References:

4 Examination

Quick info:
Physical examination:

• assess the hand for:
  • the characteristic triggering sensation while extending the affected finger – as the flexor tendon slips through the stenosed sheath
  • a firm palpable nodule in the line of the flexor tendons (Notta's nodule)
  • flexion of thumb or fingers that is passively correctable with a palpable or audible click
  • note which digits are involved
  • assess functional ability of hand
  • any inflammation, pain or tenderness on palpation

References:

5 Consider differential diagnoses

Quick info:
Alternative diagnoses for trigger finger include:
  • Dupuytren’s contracture
  • chronic dislocation of metacarpophalangeal joint
  • ganglion involving the tendon sheath
  • infection within the tendon sheath
  • posterior interosseous nerve syndrome
  • extensor tendon rupture
  • flexor digitorum profundus tendon rupture
  • congenital flexion deformity of the thumb – most commonly due to a Notta's nodule on the flexor pollicis longus tendon
    • where there is no palpable nodule, the flexion deformity may be due to a wide range of congenital soft tissue abnormalities
      and referral to a specialist paediatric hand surgery service is indicated

References:

6 Consider referral to hand surgery

Quick info:
Consider referral for hand surgery:
  • chronic or worsening symptoms
  • intermittent locking
  • co-existing inflammatory or degenerative disorders of the hand
  • co-existing nerve entrapment syndromes or Dupuytren's disease
  • congenital trigger thumb

7 Trigger finger diagnosed

Quick info:
Trigger finger:
  • diagnosis is clinical and is based on the patient’s history and a physical examination
  • X-rays or other investigations are not usually necessary
  • refer to a specialist hand surgeon (orthopaedic or plastic surgery) to confirm diagnosis
Evidence summary for Trigger finger - assessment

We undertook a systematic search for evidence for the interventions in this pathway. However, we found that the evidence base for this pathway as a whole was limited. Some evidence was found for a limited range of options in surgical management. However most recommendations in the resources identified were largely based on a consensus view and the experience of experts. The pathway has undergone external peer review.

Search date: Jul-2006

Evidence grades:

- Intervention node supported by level 1 guidelines or systematic reviews
- Intervention node supported by level 2 guidelines
- Intervention node based on expert clinical opinion
- Non-intervention node, not graded

Evidence grading:

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References

This is a list of all the references that have passed critical appraisal for use in the pathway Trigger finger

ID Reference

   http://www.bmj.com/cgi/content/full/331/7507/30

Trigger finger - assessment
Surgery > Orthopaedics > Trigger finger

ID  Reference
http://www.ncbi.nlm.nih.gov/pubmed/16484265
6  van Loveren M van der Biezen JJ. The congenital trigger thumb: is release of the first annular pulley alone sufficient to resolve the triggering?. Ann Plast Surg 2007; 58: 335-7.

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