RAPID RESEARCH

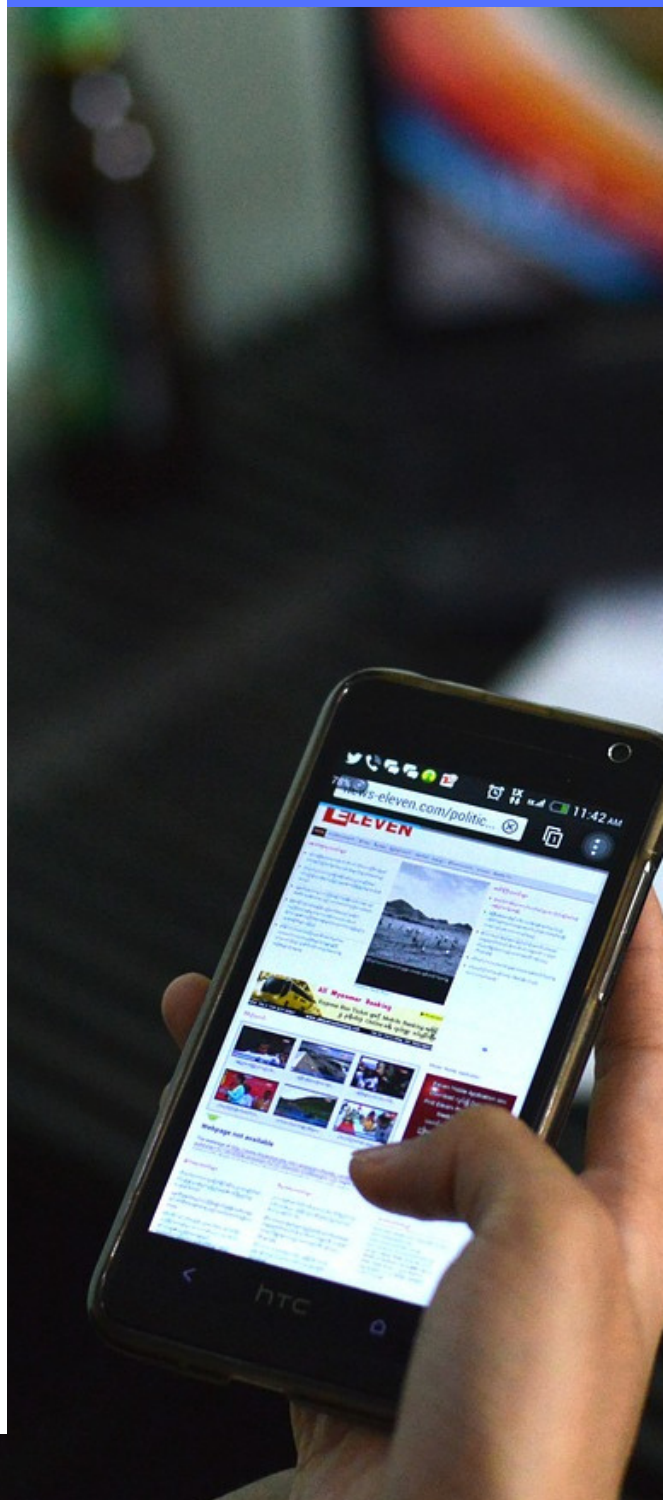
@physicaltherapyresearch

December 2021

Inside This Week:

Trigger Finger Risk & Treatment Options

- Conservative Treatment for Trigger Finger
- Surgery for Trigger Finger
- Carpal Tunnel & Risk for Trigger Finger



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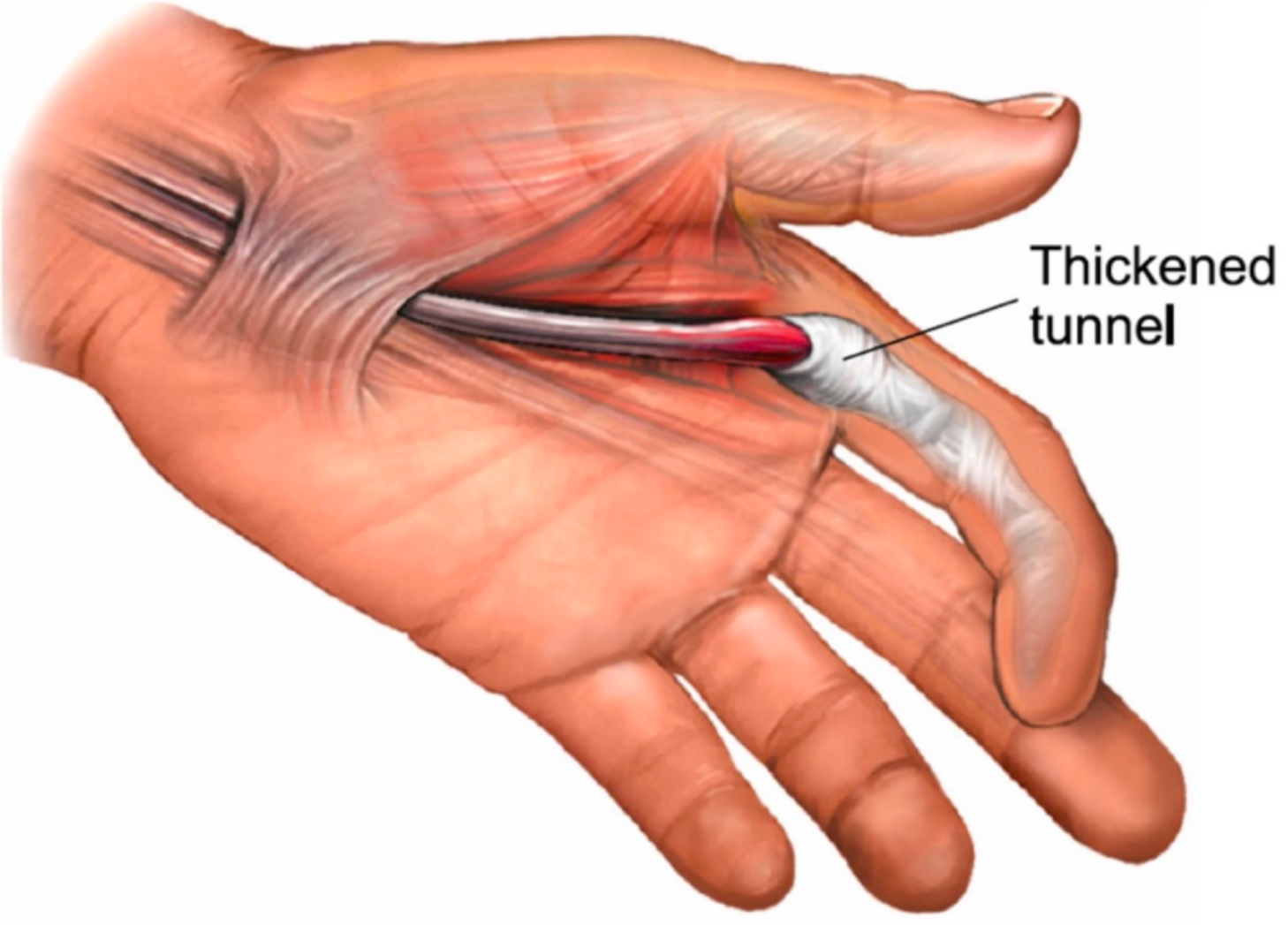
CONSERVATIVE TREATMENT FOR TRIGGER FINGER

Click for Full Text (Ferrara et al 2020)

The aim of this study was to investigate the effectiveness of physical therapy modalities as conservative treatment for trigger finger.



KEY FINDINGS

2 types of PT modalities were identified:

External shock wave therapy (ESWT); 3 papers

Ultrasound therapy (UST); 1 paper

References	N. Subjects	N. Controls	Physical therapy	Parameters: Shocks (n)	Parameters: Frequency (Hz)	Parameters: Flux density (bar)	Parameters: N. sessions /weeks	Outcomes	Timing	Main results
Vahdatpour *et al.*, 2020	19	-	rESWT fESWT	1000 500	15 4	2,1 0.1	3 /1 week interval	VAS QD	T0: baseline T1: 3 weeks T2: 6 weeks T3: 18 weeks	Significant reduction of VAS and QD at T1, T2 and T3
Malliaropoulos *et al.*, 2016	44s/49	-	rESWT	2000	5-6	1-3	3-8	VAS RM	T0: baseline T1: 4 weeks T2: 12 weeks T3: 1 year	Significant reduction of VAS and better RM at T1, T2 and T3
Yldirim *et al.*, 2016	20	20	ESWT vs CI	1000	15	2,1	3 /1week interval	VAS trigger finger assessment scale QD	T0: baseline T1: 4 weeks T2: 12 weeks T3: 24 weeks	Significant reduction of VAS, QD and TFAS at T1, T2 and T3 in both groups
Salim *et al.*, 2012	35	39	PT + UST vs CI	-	-	-	-	VAS, n.TFAS hand grip, satisfaction, complication and recurrence.	T0: baseline T1: 12 weeks T2: 24 weeks	Significant reduction of all outcomes in CI at T1. PT + UST no recurrence of symptoms until T2

MAIN TAKEAWAYS

ESWT is an effective and safe therapy for the conservative management of Trigger Finger.

It seems to reduce pain and trigger severity and to improve functional level and quality of life.

UST can be helpful to lessen and/or prevent the recurrence of TF symptoms.

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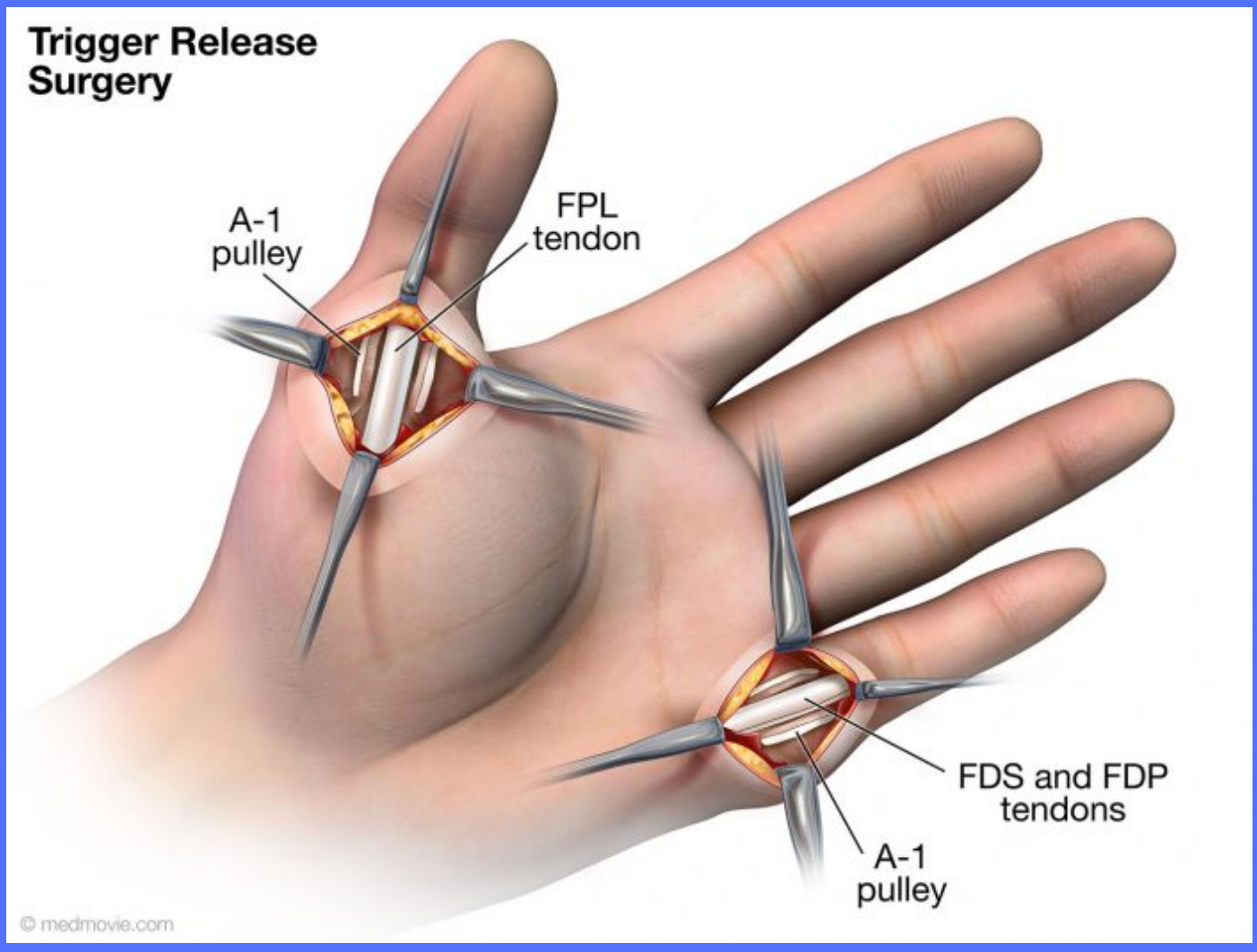
SURGERY FOR TRIGGER FINGER

Click for Full Text (Fiorini et al. 2018

This Cochrane review evaluated the effectiveness and safety of different surgical treatments for trigger finger (open, percutaneous or endoscopic approaches) in adults at any stage of the disease.



KEY FINDINGS

14 trials; 1260 participants; 1361 trigger fingers.
9 types of surgery comparisons; Most studies were at risk of high bias.

Compared with steroid injection:
29% fewer people had recurrence of symptoms with open surgery
Relative improvement of 83% in the open surgery group
At 1 week, 49% more had pain with open surgery.

It is uncertain whether:
Open surgery improved resolution of trigger finger 1t 6 to 12 months.
Open surgery increased the risk of adverse events.
Open surgery was more effective than steroid injection in improving hand function or participant satisfaction as studies did not report these outcomes.

MAIN TAKEAWAYS

Low-quality evidence indicates that:
Compared with steroid injection, open surgical treatment in people with trigger finger, may result in a less recurrence rate from 6-12 months.
Surgery can increase the incidence of pain during the first follow-up week.

There is uncertainty about the risk of adverse events and neuro-vascular injury because of a few events occurred in the studies.

Hand function or participant satisfaction were not reported.

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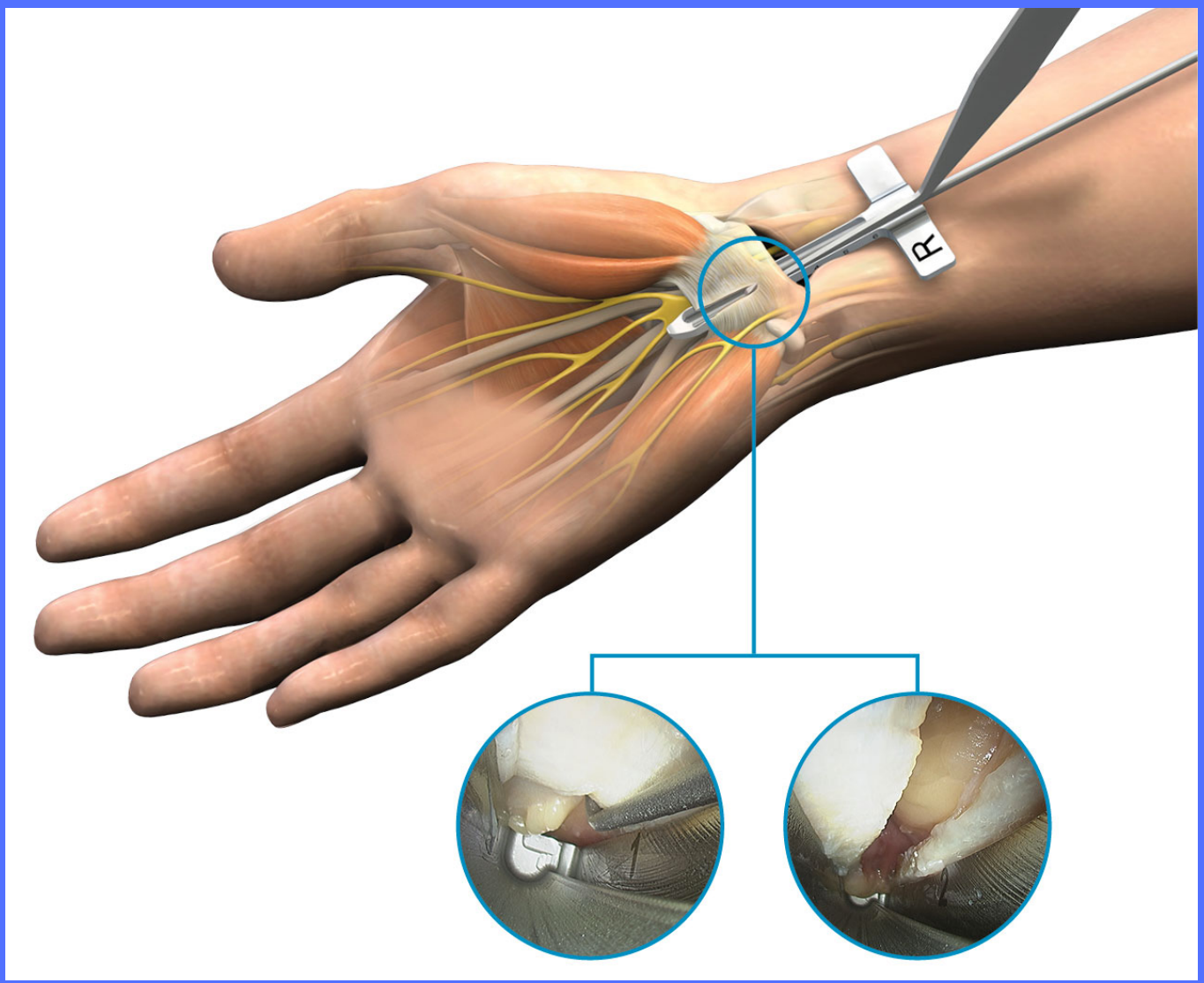
CARPAL TUNNEL & RISK FOR TRIGGER FINGER

Click for Full Text (Shafaee-Khanghah, et al. 2020)

This research evaluated the prevalence of Carpal Tunnel Release as a risk factor of the development of the trigger finger.



KEY FINDINGS

57 patients were included.
Post-Carpal Tunnel Release, Trigger Finger was detected in 15 (26.3%) patients.

The trigger finger occurred ~6 months months after CTR surgery.

The thumb and ring fingers were the most commonly involved fingers.

10/15 (66.7%) patients who developed a post-CTR trigger finger had mild-to-moderate CTS.
5 (33.3%) patients had severe CTS.

No significant difference was found between the patients who did and did not develop a trigger finger after CTR.

MAIN TAKEAWAYS

Carpal Tunnel Release could be regarded as a predisposing factor for the development of a trigger finger.

In this study, the prevalence of CTR in trigger finger patients was 26.3%.

This rate of prevalence is not negligible, and therefore, the risk of developing trigger finger should be discussed with patients preoperatively, as potential sequelae

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