Trigger Finger Release Rehabilitation Guidelines

Phase 1 Precautions: Maintain postoperative dressing for 10-14 days after surgery.
Avoid lifting, pushing, pulling or forceful gripping with the surgical arm.
Balance relative rest for recovery with appropriate amounts of general activity for health, avoid fear-avoidance behaviors.

Phase 1: Starts after Surgery	Emphasis on	Orthosis	Exercise
1-2 weeks	Protection Keep the postoperative splint clean and dry Minimize swelling Prevent finger stiffness and loss of motion for the unaffected joints Avoid upper quadrant pain from holding arm in a guarded position	None	Elevation NWB of the surgical upper extremity Movement of unaffected joints throughout the day Suggested Therapeutic Exercise • Finger flexion and extension AROM and AAROM for tendon glides • Active finger ABD/ADD, assisted by lacing fingers with contralateral hand • AROM wrist 4-way and forearm rotation • AROM elbow flexion/extension • If not contraindicated by a non related shoulder dysfunction: active and active assisted shoulder range of motion through full available motion, glenohumeral ER with scapular retraction • Forward and backward shoulder circles moving the scapula on the thorax • Abdominal breaths/deep breathing Encourage staying active throughout the day as able, good sleep hygiene and good hydration and nutritional intake

Please scan QR code for the UVA school of Medicine website where you can find additional protocols.

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Phase 2 Precautions: No resistance strengthening until 4-6 weeks post op depending on soft tissue healing.

Phase 2	Emphasis on	Orthosis	Exercise

2-6 weeks	Postoperative care:
	2-week postoperative appointment with the surgical team for wound assessment and suture removal
	
	Balance relative rest with appropriate amounts of therapeutic activity for recovery
	
	Functional use of the hand within soft tissue tolerance
	
	Restore range of motion and tendon gliding
	
	Restore dexterity
	
	Scar management
		None if no PIP flexion contracture
		
		May use an static extension orthosis at night if PIP flexion contracture is present
		
		May use a dynamic PIP extension orthosis (LMB) if PIP flexion contracture is present
		
		May use padded glove or hand sleeve for comfort
		
		Compression glove for swelling, if needed
			Suggested Therapeutic Exercise
			• Joint blocking AROM for the involved finger
			• AROM fingers with tendon glides, place and hold if active lag is present
			• Active finger ABD/ADD
			• If involved finger is the thumb
			  ○ FPL glides with joint blocking
			  ○ Thumb radial and palmar abduction, opposition to the tip of each finger/reposition
			• Dexterity and hand manipulation activities
			
			Scar management activities
			
			Desensitization activities if hypersensitive at the surgical site
			
			Education: ergonomics for avoiding provocative positions and activities to prevent trigger fingers in non involved digits

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Phase 3 Precautions: Avoid soft tissue irritation when strengthening and progressing ADL's and functional use of the surgical hand.			
Phase 3	**Emphasis on**	**Orthosis**	**Exercise**
6-12 weeks	**Gradual strengthening** **Continue restoration of range of motion, if applicable** **Continue to address PIP flexion contracture if applicable** **Encourage progressive functional use of the surgical hand**	**Continue previous recommendations if PIP contracture persists** **Padded hand sleeve or glove for weight bearing, anti-vibration gloves if using vibration tools as needed**	**Continue previous soft tissue mobilization and education as needed** **Suggested Therapeutic Exercise** ● **Gentle strengthening as tolerated by soft tissues** ● **If end range flexion ROM deficits persists, emphasis on active hook fisting for flexion and reverse blocking for PIP extension** **Progress ADL's, allowing pain to guide activity**

Note: These instructions are to serve as guidelines and are subject to physician discretion. Actual progress may be faster or slower depending on the individual. Return to work and sport/recreation per surgeon discretion.

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