

Trigger Finger: A1 Pulley Release

This protocol is intended to provide the clinician with a guideline for the postoperative rehabilitation course of a patient who has undergone **A1 pulley release due to trigger finger**. General time frames are given for reference to the average, but individual patients will progress at different rates depending on their age, comorbidities, pre-surgical range of motion, strength, health/functional status, rehabilitation compliance, learning barriers and complications. Specific time frames, restrictions and precautions are given to protect healing tissues and surgical reconstruction.

Trigger finger (trigger thumb when involving the thumb) is the inhibition of smooth tendon gliding due to mechanical impingement at the level of the A1 pulley that causes pain, clicking, catching, and locking of the digit. This is due to either or both thickening of the tendon and/or inflammation and narrowing of the A1 pulley. The most common fingers are the ring, middle and thumb to be affected. Limiting triggering of the finger will decrease inflammation using orthoses and activity modifications for conservative management. If conservative management fails, seeing a hand surgeon for a steroid injection to the A1 pulley has been shown 75% affected to cure the trigger finger. If the trigger finger comes back after the injection. Surgery to release the pulley is advised.

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Phase I (surgery to 10 days after surgery)

Rehabilitation appointments	<ul style="list-style-type: none"> As needed
Rehabilitation goals and priorities	<ul style="list-style-type: none"> Post-surgery dressings in place and removed after 3 days. Patient will perform hand hygiene with running water and soap and keep incision and sutures clean and dry. Cover sutures with and Band-Aid Activities of daily living (ADLs) per restrictions Maximize finger AROM Edema management
Suggested therapeutic exercises	<ul style="list-style-type: none"> AROM of the fingers and wrist PROM finger flexion
Precautions	<ul style="list-style-type: none"> No lifting, pushing, or pulling more than 2-5 pounds with involved upper extremity No weightbearing with involved upper extremity No aggressive gripping.
Orthotic management	<ul style="list-style-type: none"> None
Progression criteria	<ul style="list-style-type: none"> Per pain tolerance

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Phase II (10-14 days after surgery)

Rehabilitation appointments	<ul style="list-style-type: none"> • As needed
Rehabilitation goals and priorities	<ul style="list-style-type: none"> • Sutures removed, scar management • Activities of daily living per restrictions
Suggested therapeutic exercises	<ul style="list-style-type: none"> • Unrestricted ROM of fingers
Precautions	<ul style="list-style-type: none"> • No lifting, pushing, or pulling more than 2-5 pounds with involved upper extremity • No weightbearing with involved upper extremity • No aggressive gripping.
Orthotic management	<ul style="list-style-type: none"> • Dynamic or static progressive orthosis as needed
Progression criteria	<ul style="list-style-type: none"> • Per pain tolerance

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Phase III (4-6 weeks)

Rehabilitation appointments	<ul style="list-style-type: none"> • As needed
Rehabilitation goals and priorities	<ul style="list-style-type: none"> • Regain full ROM of digit(s) • Progressive return to all activities of daily living • Desensitization
Suggested therapeutic exercises	<ul style="list-style-type: none"> • Strengthening and functional activities as needed
Precautions	<ul style="list-style-type: none"> • No restrictions
Orthotic management	<ul style="list-style-type: none"> • As needed
Progression criteria	<ul style="list-style-type: none"> • Per pain tolerance