This rehabilitation program is designed for use following trigger thumb release surgery. It is designed to progress the individual through rehab to activity participation taking into consideration specific patient needs and issues. Modifications to this guideline may be necessary dependent on physician specific instruction or other procedures performed. This evidence-based trigger thumb release guideline is criterion-based; time frames and visits in each phase will vary depending on many factors. The therapist may modify the program appropriately depending on the individual's goals for activity following trigger finger release.

This guideline is intended to provide the treating clinician with a frame of reference for rehabilitation. It is not intended to substitute clinical judgment regarding the patient's post-operative care based on exam/treatment findings, individual progress, and/or the presence of concomitant procedures or post-operative complications. If the clinician should have questions regarding post-operative progression, they should contact the referring physician.

General Guidelines/Precautions:

The goal of the surgery is to enlarge the tendon sheath at its leading edge, which allows the tendon to again glide without locking or catching. A transverse incision is made along the A1 pulley at the MP joint flexion crease of the thumb. Once the tendon sheath has been enlarged, the patient is often asked to move their thumb to confirm that triggering no longer exists.

Considerations:

- Recurrences of triggering are quite rare. Scar tissue formation can be a factor.
- Typically, patients do well on a home program with the guidelines provided within 1-3 visits.

Phase	Suggested Interventions	Goals/Milestones for Progression
Phase I Early Intervention	48-72 hours post-op: Hand-based dressing is removed, and a light dressing is applied. Keep your hand dry until suture removal. Begin Home exercise program: Unrestricted AROM and PROM of thumb including: • Emphasis is placed on blocking the IP joint for isolated tendon gliding exercise to the FPL • 6x per day for 10 min sessions	Goals of Phase: Criteria to Advance to Next Phase: 1. Suture/wound remains closed and absent of infection 2. Improve motion 3. Pain is decreased 4. Locking or triggering of the digit is reduced 5. Swelling is managed

	Post-op edema management: with either light compressive dressing or an elastic stockinette to hand and forearm, digital finger socks or Coban are initiated. Splinting is not initiated following a trigger thumb release. The rare indication would be related to significant pain or post-op edema. The splint is discontinued as soon as the pain and/or edema have begun to resolve.	
Phase II	10-14 days post-op: Continue to progress the AROM/PROM from phase I: • HEP 3-4X/day, 15 reps sessions An adhesive bandage is reapplied for 1-2 days, until the wound is completely healed. Within 48 hours following suture removal, scar mobilization techniques may be initiated with scar massage and lotion or cream, along with the use of Elastomer, silicone gel, Dycem. Manual desensitization techniques may be initiated. If scar tissue remains to be painful or a motion limitation, consider ultrasound as a modality.	Goals of Phase: Functional goals: 1. Begin light ADLs within the lift/carry/grasp restrictions 2. Knows conservative measures to address pain or edema with re-entry into activity (contrast bath, ice, heat, and self- soft tissue mobilizations), joint protection, body mechanics, gripped tools or glove use, activity modification.
Phase III	3-4 weeks post-op: Patient education to avoid repetitive grasping, a power grip or repetitive pinch the initial month following surgery. Encourage wearing gloves with a cushion interface (along the palmar aspect of metacarpal heads) for light activities. Instruct patient to limit light activities (15-30 minute sessions, 2-3X/week) during initial 4-6 weeks post-op Patient education with body mechanics, awareness of the activities that led to the trigger thumb. Continue scar mobilization and stretching as needed.	Goals of Phase: Functional goals: 1. Return to light to moderate normal ADL demands, with improved motion, strength and pain levels 2. Integration of body mechanics and joint protection to the activities that may have contributed to the trigger thumb. 3. Avoid or minimize the activities that require repetitive gripping or

	Offer suggestions for modifying tasks or tools, rotate tasks to minimize repetition and options to alter the position of the thumb or decrease the resistance on the thumb.	demands of sustained pinch.