Trigger finger is a common condition in which the flexor tendon triggers, locks and snaps with finger movements. Trigger finger symptoms often include pain, clicking, catching and loss of motion of the affected fingers. Well-supported traditional approaches for treatment include:

- Steroid injection
- Surgery

For those patients with mild triggering who prefer a non-invasive solution, review of the literature validates the effectiveness of a custom-made hand splint as a reasonable and viable treatment option. The intent of splinting is to alter the biomechanics of the flexor tendons through the affected A1 pulley, while facilitating maximal differential tendon glide until the inflammation resolves (see references).

Results of specific studies:

- **MCP Blocking Splint**

  In the Evans et al study, the MCP joint was immobilized in zero to 15 degrees of flexion using a custom-made hand splint allowing full PIP and DIP movements. The results of this study indicated decreased triggering of a single isolated trigger finger. The greatest proportion of participants had their symptoms resolved after six to 10 weeks of splinting, and the treatment protocol only required four to six therapy visits.

  **Risk of reoccurrence:** The Evans et al study demonstrated a 73 percent success rate when using a custom-made splint combined with hook and fist exercises. An 87 percent success rate was recorded among patients who required no further intervention in the year after orthotic application (see references).