NHS
Harrogate and Rural District
Clinical Commissioning Group

## Clinical Thresholds

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| **Condition or Treatment** | Trigger Finger |
| **Commissioning Threshold** | Referral to secondary care should only be made if there are any of the following:<br>• Symptoms have not resolved or recur after 2-3 cortico-steroid injections<br>• Co-existing inflammatory or degenerative disorders of the hand<br>• Co-existing nerve entrapment syndromes or Dupuytrens disease<br>• Chronic or worsening symptoms<br>• Intermittent locking |
| **Referral Guidance** | If the request meets the identified criteria the referral form needs to be completed and submitted via RSS.<br><br>**Referral Form** |
| **Effective from** | April 2013 |
| **Summary of evidence / rationale** | Trigger finger (TF) or stenosing tenosynovitis is an acquired condition in which the sheath for the flexor tendon of a finger or the thumb thickens and narrows such that the flexor tendon cannot glide freely through it. This may cause pain, intermittent snapping ("triggering") or actual locking (in flexion or extension) of the affected digit. These symptoms are commonly worse first thing in the morning.<br><br>The pathological change in the flexor sheath is fibro cartilaginous metaplasia and hypertrophy of its "A1" pulley (Sampson, 1991). This causes a tender nodule at the base of the finger in the palm |
| **Date** | October 2014 |
| **Review Date** | October 2016 |
| **Contact for this policy** | Dr Bruce Willoughby<br>GP / Governing Member<br>Brucewilloughby@nhs.net |

**References:**


1. Trigger finger
http://www.hands2elbowsurgeon.co.uk/uploads/1/5/6/1/15615196/trigger_evidence.pdf