CQ HAND + UPPER LIMB
SPECIALIST ORTHOPAEDIC SURGEON

REHABILITATION PROTOCOL

Trigger Finger Release — Rehabilitation Protocol

This protocol guides your recovery after trigger finger release with Dr Kieran Hirpara at Mater Private Hospital Rockhampton. It explains what to expect, the precautions to follow, and the post-operative exercise program — bring this page or its PDF to your physiotherapist or hand therapist so your rehabilitation stays coordinated.

If you have any concerns about your wound after surgery, get in touch with the rooms. It is often helpful to take a photo of the wound and email it for review.

What to expect

Care of your wound is explained separately — see the wound care page linked at the end of this protocol.

The exercises below are very important to prevent your tendons sticking as your wound heals. At times the joints in your fingers can become stiff following this procedure. Early prevention of joint stiffness is important, so you are encouraged to apply firm, prolonged stretches to your finger (using your other hand), especially for straightening. This form of passive stretching is safe and will not impact on the surgery.

Once your wound is healed, apply heat to your hand 15 minutes before performing these exercises. After completing the exercises, application of ice may be helpful to prevent inflammation.

Sometimes the hand or wound can become sensitive. This is normal, and can be prevented or minimised by commencing daily desensitisation — gently tapping or rubbing over the wound (with the dressing in place) — starting immediately following your surgery. This type of "sensory feedback" allows the skin to normalise touch and texture.

In the first 48 hours, manage swelling actively: keep the hand elevated, use ice, apply compression if your therapist has provided it, and gently "pump" the fingers (open and close) to move swelling on.

Begin using the hand for light tasks — dressing, eating and similar — as soon as pain allows, and build up slowly. Don't overdo it: if your pain or swelling clearly increases after activity, ease back until the hand recovers, then build again.

Once the wound is fully healed, commence scar massage — firm circles over the incision. The wound care page has more information on scar management.

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Dr Kieran Hirpara — Specialist Orthopaedic Surgeon
Suite 2, Level 1, Mater Private Hospital Rockhampton, 31 Ward Street, The Range, QLD 4700
Phone 07 4863 6556 · office@cqupperlimb.com.au · cqupperlimb.com.au

What the evidence says about recovery

Open release of the A1 pulley is a well-established operation with a strong track record in the published literature. The catching and locking is corrected by the surgery itself — once the pulley is divided the tendon can glide freely — and the triggering does not usually return: in a series of nearly 1,600 open releases, fewer than 1% of patients needed a second operation for persistent or recurrent triggering, and there were no nerve injuries or deep infections [4]. A comparative study with over three years of follow-up likewise found no recurrences after open release [5].

Soreness in the palm settles substantially over the first one to two weeks — in one comparative study the median time to significant pain reduction after open release was about a week [5]. Some tenderness in the palm with firm gripping, mild swelling or finger stiffness can linger for several weeks after that. This is normal and reflects the scar maturing, which takes around three months [3] — the desensitisation, scar massage and exercise program in this protocol is designed to manage exactly this. In the large series above, about one in twenty digits had a documented problem after surgery, most commonly temporary stiffness or scar tenderness that settled with treatment; recovery of motion tends to be slower in people with diabetes, so the exercise program matters even more in that group [4].

Published hand-therapy protocols start active and passive finger motion and tendon-glide exercises within the first days after surgery, add scar management and desensitisation once the wound has healed, and reintroduce graded grip strengthening later [2][3] — the same staged approach as the program on this page. Starting the exercises early is what keeps the tendon gliding and the joints supple while the wound heals.

Return to work depends on what your job asks of the hand. In a comparative study, half of patients were back at work within about two weeks of open release [5]; people in lighter or desk-based roles often manage sooner, while heavier manual work waits until the lifting and gripping restriction below lifts.

A randomised controlled trial compared three months of supervised therapy after open release with a self-directed home exercise program: overall function, motion and pain were similar between the groups at six months, grip strength recovered further with supervised therapy, and the patients who clearly benefited from formal therapy were those whose triggering had been present for more than twelve months before surgery and those doing housework or lighter work [1]. In practical terms, a well-performed home program — the exercises on this page — carries most patients through, with formal hand therapy adding value where the finger was stiff for a long time before surgery or progress is slow.

Precautions and limitations

Light functional use of your hand is encouraged for daily living tasks such as self-care, feeding, dressing, writing and typing. The limits that matter:

- Avoid lifting, gripping and weight bearing for up to 4 weeks post-op.
- Driving is limited for the first week — resume once pain allows, you can make a full fist, and you can safely control the vehicle.

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For your physiotherapist:

Management

- Home exercise program as per the cards below: wrist flexion/extension stretch; DIP (distal interphalangeal) and PIP (proximal interphalangeal) joint blocking; tendon glides (Series A and Series B)
- Firm prolonged passive stretches to the finger, especially into extension, for early prevention of joint stiffness
- Heat to the hand 15 minutes before exercises once the wound is healed; ice after exercises to prevent inflammation
- Daily desensitisation (gentle tapping / rubbing over the wound, dressing in situ) commencing immediately post-op
- Swelling management in the first 48 hours: elevation, ice, compression as indicated, gentle finger pumps
- Graded return to light functional use as pain allows, monitoring for post-activity pain/swelling flares
- Scar massage (firm circles over the incision) once the wound is fully healed

Precautions

- Light functional use only for daily living tasks (self-care, feeding, dressing, writing, typing)
- No lifting, gripping or weight bearing for up to 4 weeks post-op
- Driving limited for the first week; resume when pain allows, a full fist is achieved and the patient can safely control a vehicle

Expected milestones (criteria-based, guided by published protocols [1][2][3])

- Pain settled to comfortable levels with simple analgesia within 1–2 weeks [5]
- Wound healed, with scar massage and ongoing desensitisation under way, by 2–3 weeks [2][3]
- Full active finger flexion and extension (full fist and full composite extension) by about 3 weeks, restored and maintained through the blocking and tendon-glide program [2]
- Graded grip and pinch strengthening (e.g. putty) introduced once the 4-week lifting/gripping precaution lifts, progressing to full functional use
- Consider escalation to supervised hand therapy where triggering had been present for more than 12 months pre-operatively, where the patient's roles involve sustained light/fine hand use, or where range of motion or grip recovery is slow [1]

These are the exercises from your handout, started after surgery and continued at home as guided by your physiotherapist or hand therapist.

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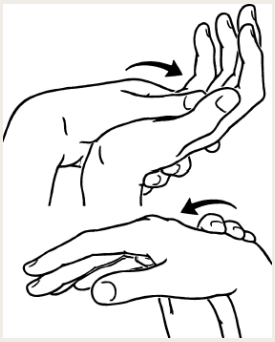
Your exercises



Wrist flexion / extension stretch

Rest your elbow on a table (or your forearm over the edge of a table or arm chair) and gently rock your wrist back and forth. Once more comfortable, grasp your palm with the other hand and push the wrist backwards (fingers loose, pointing to the ceiling) — hold 15 seconds; then the other way (fingers loose, pointing to the floor) — hold 15 seconds. Repeat 5 times each direction.

10 reps, 4–5 times daily

DIP joint blocking

The DIP (distal interphalangeal) joint is the end joint of your finger. Begin with the palm up, supporting your involved hand with your other hand just below the end joint. Bend and straighten the end joint, holding each position for 3–5 seconds. Support the middle joint only enough so it does not bend. It is okay if the other fingers move during this exercise.

10 reps, 4 times a day, daily

PIP joint blocking

The PIP (proximal interphalangeal) joint is the middle joint of your finger. Begin with the palm up, supporting your involved hand with your other hand just below the second joint. Bend and straighten your finger at the middle joint, holding each position for 3–5 seconds. It is okay if the other fingers move as well.

10 reps, 4 times a day, daily

Tendon glides — Series A

With your hand in front of you and your wrist straight, fully straighten all of your fingers — you may use your other hand to ensure the fingers achieve full extension (position 1). Bend the tips of your fingers into the "hook" position with your knuckles pointing up (position 2). Then make a tight fist with your thumb over your fingers (position 3).

5–10 reps, 2–3 times a day, daily

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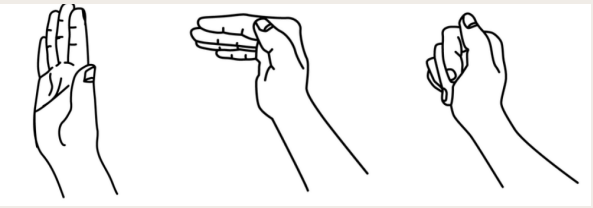

Tendon glides — Series B

With your hand in front of you and your wrist straight, fully straighten all of your fingers — you may use your other hand to ensure the fingers achieve full extension (position 1). Make a "tabletop" with your fingers by bending at your bottom knuckle and keeping the fingers straight — make sure your wrist does not drop forward (position 2). Then bend your fingers at the middle joint, touching your fingers to your palm (position 3).

5–10 reps, 2–3 times a day, daily

Active composite extension

Resting your elbow on a table, straighten your fingers as far as possible, then push a little further with your other hand. Count to 5, and relax.

10 reps, 3–4 times daily

Passive composite extension

Place your hand flat on a table, palm down. With your other hand, apply pressure over the back of the hand and 'massage' towards your body. Count to 5, and relax.

10 reps, 3–4 times daily

Thumb opposition

Start with the fingers straight and relaxed. Touch the tip of your thumb to the tip of your index finger. Hold for 5 seconds, then return to the start.

10 reps, 3–4 times daily

After your protocol

This protocol was written in association with Sarah Farrell, BOccThy (Bachelor of Occupational Therapy), Accredited Hand Therapist, and incorporates updated post-surgical management guidance (April 2025) from Ruby Doolan, Accredited Hand Therapist, Extend Rehabilitation. It works alongside the practice's general

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recovery advice — see managing post-operative pain, wound care and hand therapy basics. For the operation itself, see trigger finger release.

The recovery framing and milestones are additionally informed by published trigger finger release rehabilitation protocols, including those of the University of Virginia Hand Center and Twin Cities Orthopedics, and by published outcome studies of open trigger finger release, including a randomised controlled trial of post-operative rehabilitation (Saito et al., *Journal of Clinical Medicine*, 2023) and a large adverse-event series (Bruijnzeel et al., *Journal of Hand Surgery*, 2012).

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5. Chanthanapodi P, Aodsup S. Comparative results of percutaneous and open surgery for trigger fingers: a propensity score analysis. Front Surg. 2025;12:1509292.

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