Acta Scientific Orthopaedics (ISSN: 2581-8635)

Volume 6 Issue 4 April 2023

Research Article

The 50 Most Cited Publications on Trigger Finger

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Received: January 09, 2023

Published: March 10, 2023

Abstract

Trigger finger is a common cause of hand disability. There is no consensus as to the superiority of operative versus nonoperative treatment. Here, we perform a bibliometric analysis concerning the 50 most cited articles discussing trigger finger. We performed a search of the ISI Web of Knowledge database in November 2021. Keywords used were: "Trigger finger", "Trigger digit", "Flexor tendon entrapment". The 50 most cited articles were evaluated. The mean number of citations was 58.7 (range 32-183, SD 31.3). All articles were published between 1954 to 2014. The majority were contributed by the Journal of Hand Surgery-American Volume (n = 7). The United States contributed the largest portion of the articles (n = 24). The most common level of evidence was Level IV (n = 19), followed by Level I (n = 11). Twenty-six articles discussed treatment outcomes. The most influential orthopaedic literature on trigger finger evaluated clinical outcomes, took place in the United States, and were published in the Journal of Hand Surgery. There were a significantly greater percentage of level I articles than in alternative bibliometric analyses within the field of hand and upper extremity orthopedics. This allows physicians to apply study results more confidently to their clinical practice.

Keywords: Trigger Finger; Trigger Digit; Hand; Bibliometric Analysis

Introduction

Trigger finger is a common cause of hand disability and is commonly seen by hand surgeons [1,2]. Roughly two percent of the general population is affected, and patients with rheumatoid arthritis or diabetes mellitus are particularly high-risk for developing this pathology [3]. Studies suggest that up to twenty percent of diabetics may develop trigger finger [4]. The disorder involves entrapment of a flexor tendon, most commonly secondary to thickening of the A1 pulley, but it can also be caused by thickening of other pulleys or tendon abnormalities at the carpal tunnel or metacarpal-phalangeal joint [5]. Repetitive occupational activities are thought to contribute to trigger finger secondary to constant irritation and subsequent thickening the tendon sheath [5-7]. The disease often first presents with painless snapping or locking of the affected digit in flexion, progressing to painful episodes and difficulty with extension. This can continue to progress and cause the finger to be locked in flexion [8]. Treatment depends on many factors, and the consideration of conservative versus operative treatment must be made on an individualized basis. Nonoperative treatment options include anti-inflammatory medications, steroid injections, and splinting, whereas the mainstay of surgical treatment includes the release of the pathologic pulley. Despite the prevalence of trigger finger, there is no consensus as to the optimal treatment regimen for the different presentations of the disease. One meta-analysis of sixteen randomized control trials by Shen., *et al*. (2020) found no significant difference in success rate between steroid injection and nonsteroidal anti-inflammatory drug injection, and between open surgery and percutaneous release at all the follow-ups [9]. Surgical treatment, however, did have significantly better efficacy in success rate than steroid injection at all follow-ups [9].

Although a given article's true impact can be difficult to quantify, the number of times it is cited may be used as a proxy for its influence. By compiling and ranking the most commonly cited articles,

surgeons can better understand trends, propose new research, and assess the overall quality of literature. The goal of this review is to conduct a bibliometric analysis in order to identify the 50 most influential articles regarding trigger finger in orthopedics.

Materials and Methods

In November 2021, The ISI Web of Knowledge database (also known as the Web of Science Core Collection, MEDLINE, BIOSIS Citation Index, SciElo Citation Index, KCI-Korean Journal Database, and Russian Science Citation Index) was used to identify articles relating to trigger finger. The journals categorized in the "orthopedics" category cover all subspecialty areas of orthopedics including general clinical, subspecialty-specific, and basic science journals with direct and peripheral relations to the practice of orthopedic surgery. Within this category, the following keywords were used for the analysis: "Trigger finger" OR "Trigger digit" OR "Flexor tendon entrapment".

We did not restrict our initial search to article type, journal, language, level of evidence (LOE), or date of publication. Once a list of articles was generated using the above Boolean combinations, articles were then sorted from highest to lowest number of total citations. Only original peer-reviewed articles were included. Articles were then screened by title and abstract, and those that did not pertain to trigger finger were excluded. Using the above criteria, two independent authors then conducted separate searches and screened the relevant articles based on their respective searches.

ISI Web of Knowledge database metrics and data collection via author review were utilized to report the variables of interest. The following data were extracted from each article: title, authors journal, classification, language, citations, year, institutional affiliation, country of origin, and level of evidence. Data were recorded in Microsoft Excel. Country of origin was determined by the locations of the first authors' affiliated institutions. The ranking of articles was determined by the number of citations per article. When articles had an identical number of citations, the most recently published article was prioritized due to a higher citation density. The level of evidence was obtained from the published abstract or was determined using the Oxford LOE Guidelines if not previously reported. After each article was reviewed, they were placed into one of eight pre-determined thematic categories: (1) Treatment Outcomes, (2) Surgical Technique, (3) Natural History, (4) Clinical Guidelines, (5) Imaging, (6) Risk Factors and Epidemiology, and (7) Anatomy and Biomechanics.

Results

The conducted search yielded 819 articles. We isolated the articles to the "orthopedics" category, which yielded a total of 394 articles. These articles were ranked in descending order of citations, and the top 75 were initially isolated. Subsequently, 13 articles were excluded as they did not pertain directly to trigger finger disease. The top 50 remaining articles were then chosen and analyzed (Figure 1).

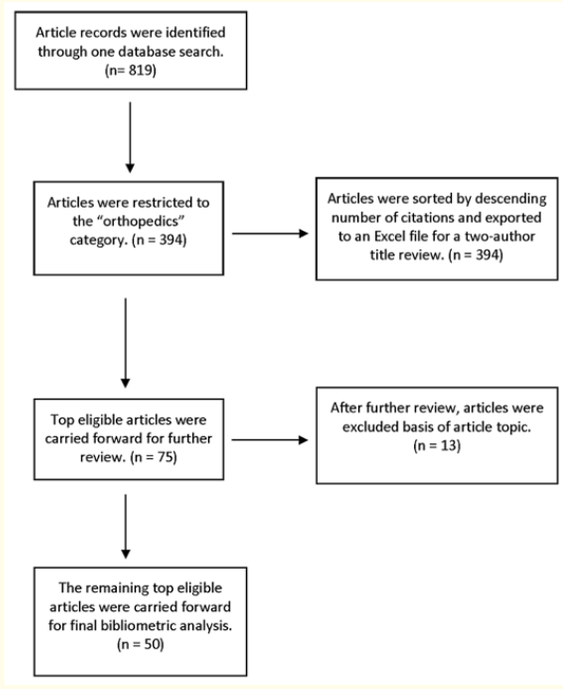

Figure 1: Web of Science search and inclusion methods.

The mean number of citations was 58.7 (range 32-183, SD 31.3). Average citation density (citations per year) was 3.08 (range 0.88-11.4, median 3.07) (Appendix).

All articles were published between 1954 and 2014, with the greatest contribution by decade coming from 2000-2009 (n = 18) and 1990-1999 (n = 17). Of note, two of the articles in the top 10 most cited were published between 1950 and 1959 (Figure 2).

All 50 articles were published in just 10 journals. The majority were contributed by the Journal of Hand Surgery-American Volume (n = 27), followed by the Journal of Hand Surgery-British and European Volume (n = 7), and the Journal of Bone and Joint Surgery (n = 5). (Figure 3). Only two authors, D C Ring and M I Boyer contributed greater than one article to the list, with two articles each.

Just a few institutions contributed more than one article. Harvard Medical School contributed three articles, and Washington University School of Medicine, Yale University School of Medicine,

	Article Title	Total Citations	Average Citations/Year	First Author	Final Author
1	Trigger digits: Principles, management, and complications	183	11.44	M Ryzewicz	J Wolf
2	Dupuytren's Disease, Carpal Tunnel Syndrome, Trigger Finger, and Diabetes Mellitus	168	6.22	M Chammas	Y Allieu
3	Pathobiology of the Human A1 Pulley in Trigger Finger	106	3.42	S Sampson	J Seidman
4	Percutaneous Release of the Trigger Finger- An Office Procedure	104	3.47	D M Eastwood	D P Johnson
5	Treatment of Trigger Finger by Steroid Injection	103	3.22	M L Newport	S A Stuchin
6	The results of surgical treatment of trigger finger	95	3.8	G A Turowski	J G Thomson
7	Trigger Finger in Adults and Children	95	1.4	J J Fahey	J A Bollinger
8	Steroid Versus Placebo Injection for Trigger Finger	85	3.15	D Murphy	M P Koniuch
9	Injection versus surgery in the treatment of trigger finger	82	3.28	L S Benson	A J Ptaszek
10	Surgical Treatment of Trigger-Finger by a Subcutaneous Method	78	1.22	J Lorthioir Jr	
11	Safety and Efficacy of Percutaneous Trigger Finger Release	73	2.7	D F Pope	S W Wolfe
12	Treatment of Trigger Finger in Patients with Diabetes Mellitus	72	2.67	S M Griggs	K Sachar
13	Controlled Study of the Use of Local Steroid Injection in the Treatment of Trigger Finger and Thumb	66	2.2	M A Lambert	J P Sloan
14	Incidence of Trigger Digits in Newborns	65	2.32	W B Rodgers	P M Waters
15	Results of Surgery for Trigger Finger	65	1.91	A P Thorpe	
16	Prospective randomized trial of open versus percutaneous surgery for trigger digits	64	3.05	E C Gilberts	J C Wereldsma
17	Corticosteroid injection in diabetic patients with trigger finger - A prospective, randomized, controlled double-blinded study	63	4.2	K M Baumgarten	M I Boyer
18	Percutaneous A1 Pulley Release - A Cadaveric Study	63	2.33	G I Bain	R S Richards
19	The effect of corticosteroid injection for trigger finger on blood glucose level in diabetic patients	60	3.75	A A Wang	D T Hutchinson
20	Trigger finger: Prognostic indicators of recurrence following corticosteroid injection	59	4.21	T D Rozental	P E Blazar
21	A Survey of Trigger Finger in Adults	56	1.65	A V Bonnici	J D Spencer
22	Using Evidence to Minimize the Cost of Trigger Finger Care	54	4.15	C L Kerrigan	M G Stanwix
23	Corticosteroid injections in the treatment of trigger finger: A level I and II systematic review	52	3.47	S B Fleisch	D H Lee
24	Sonographically assisted percutaneous release of the A1 pulley: A new surgical technique for treating trigger digit	52	3.25	I M Jou	T C Chern
25	Delayed flexor digitorum superficialis and profundus ruptures in a trigger finger after a steroid injection: A case report	52	3.06	B T Fitzgerald	M A Thompson
26	Percutaneous release of trigger digits	52	2.48	K I Ha	C W Ha
27	Percutaneous release of trigger digit with and without cortisone injection	52	2.08	M R Patel	V J Moradia
28	Complications of Open Trigger Finger Release	49	4.08	R Will	J Lubahn
29	Outcome of open trigger digit release	46	3.07	M H Lim	A Beng-Hoi Tan
30	Trigger Finger - Incidence in Children and Adults and Possibility of a Predisposition in Certain Age Groups	46	0.88	A Weilby	
31	Effectiveness of Splinting for the Treatment of Trigger Finger	45	3.21	J Colbourn	D Pacifico
32	Diabetes and trigger finger	45	1.73	A V Vasiliadis	I Itsiopoulos
33	A prospective randomized controlled trial of injection of dexamethasone versus triamcinolone for idiopathic trigger finger	44	3.14	D Ring	J Jupiter
34	Stiffness of the First Annular Pulley in Normal and Trigger Fingers	43	3.91	H Miyamoto	T Ohe

35	Percutaneous Release, Open Surgery, or Corticosteroid Injection, Which Is the Best Treatment Method for Trigger Digits?	42	4.67	J Wang	C Liang
36	Trigger Digits in Diabetes: Their Incidence and Characteristics	42	3.5	S Koh	H Hirata
37	Bowstringing as a Complication of Trigger Finger Release	41	1.21	S J Heithoff	J Helman
38	Histopathology of the A1 pulley in adult trigger fingers	40	2.67	M C Sbernardori	P Bandiera
39	Long-Term Outcomes Following a Single Corticosteroid Injection for Trigger Finger	38	4.75	R D Wojahn	R P Calfee
40	Percutaneous treatment of trigger finger - 34 fingers followed 0.5-2 years	38	1.58	B Cihantimur	M Ozcan
41	Long-term results of surgical release of trigger finger and trigger thumb in adults	37	2.85	D Lange-Riess	A Schuh
42	Trigger digits in children	36	1.71	W N Moon	I C Kim
43	Outcome of corticosteroid injection versus physiotherapy in the treatment of mild trigger fingers	35	3.5	N Salim	N H M Haflah
44	Correlations Between Clinical Presentations of Adult Trigger Digits and Histologic Aspects of the A1 Pulley	34	2.62	K Drossos	F Schuind
45	Extra-articular steroid injection: Early patient response and the incidence of flare reaction	34	2.27	C A Goldfarb	M I Boyer
46	Adverse Events of Open A1 Pulley Release for Idiopathic Trigger Finger	33	3.3	H Bruijnzeel	D C Ring
47	Trigger Finger Treatment: A Comparison of 2 Splint Designs	33	3.3	K Tarbhai	H P Von Schroeder
48	Trigger finger in children	33	1.43	L J Cardon	P R Carter
49	Closed Division of the Flexor Tendon Sheath for Trigger Finger	33	1.1	S R Lyu	
50	Sonographic Appearance of the Flexor Tendon, Volar Plate, and A1 Pulley with Respect to the Severity of Trigger Finger	32	3.2	J Sato	M Takeda

Appendix: The top 50 trigger finger articles in order of total citation number.

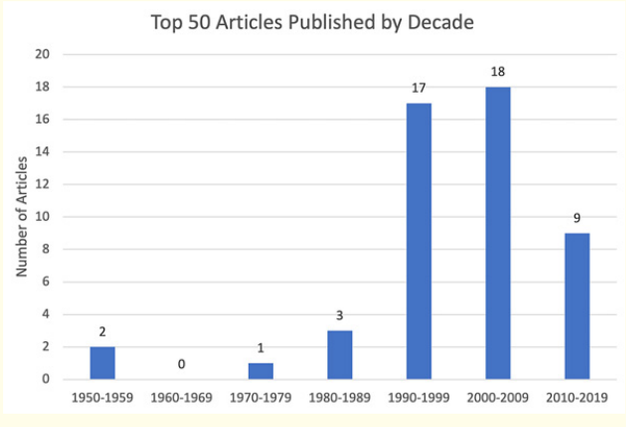

Figure 2: Distribution of the top 50 trigger finger publications by decade.

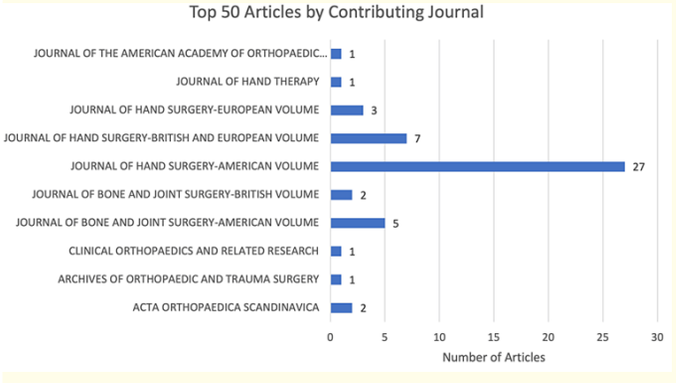

Figure 3: Distribution of top 50 trigger finger publications by contributing journal.

and Cliniques Universitaires de Bruxelles all contributed two articles (Table 1).

The United States contributed the largest portion of the articles (n = 24), followed by the United Kingdom (n = 4), Taiwan (n = 3), Canada (n = 3), and Japan (n = 3). Notably, East-Asian countries contributed a total of 11 articles (Figure 4).

The most common level of evidence was Level IV (n = 19), followed by Level I (n = 11), Level II (n = 9), Level III (n = 5), and Level V (n = 2). Fifty-two percent of articles discussed treatment out-

Institution	Articles Contributed
Harvard Medical School	3
Cliniques Universitaires de Bruxelles	2
Washington University School of Medicine	2
Yale University School of Medicine	2
Brown University School of Medicine	1
Chiayi Christian Hospital	1
Dartmouth Hitchcock Medical Center	1
General Infirmary, Leeds	1
Hamot Medical Center	1
Henry Ford Hospital	1
Ishii Orthopaedic and Rehabilitation Clinic	1
Kaohsiung Municipal Siaogang Hospital.	1
Lewisham Hospital	1
Maimonides Medical Center, Brooklyn	1
Massachusetts General Hospital	1
Montpellier University	1
Nagoya University Graduate School of Medicine,	1
National Cheng Kung University Hospital	1
Naval Medical Center San Diego	1
Neumarkt Clinic	1
Northern Ontario Heritage Fund Corporation	1
Northwestern University Medical School	1
NYU Langone Orthopedic Hospital	1
Orthopaedic Hospital, Arhus	1
Queen's Medical Centre, Nottingham	1
Samsung Chiel Hospital and the Women's Healthcare Center	1
Singapore General Hospital	1
Sint Franciscus Gasthuis, Rotterdam	1
St Francis Hospital, Evanston	1
State University of New York at Stony Brook	1
Stirling Royal Infirmary	1
Sungkyunkwan University School of Medicine	1
The Orthopedic Institute of Sioux Falls	1
The Texas Scottish Rite Hospital for Children	1
The University of Tokyo	1
Tianjin Hospital	1
Toronto Western Hospital	1
Townley Orthopedic Clinic, Port Huron	1
Uludag University, Bursa	1
Universiti Kebangsaan Malaysia	1
University of Colorado Health Sciences Center	1
University of Utah	1
University of Western Ontario	1
University School of Medicine, Sassari	1
Vanderbilt University School of Medicine	1

Table 1: Institutions Contributing the top 50 trigger finger articles.

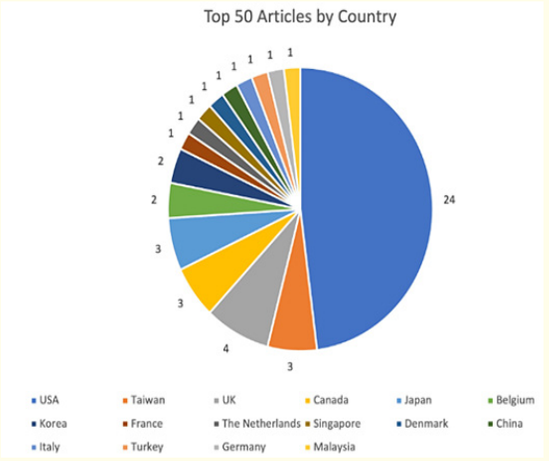

Figure 4: Countries contributing the top 50 trigger finger articles.

comes (n = 26), and twenty-four percent discussed surgical technique (n = 12). Six articles discussed epidemiology and risk factors, Five articles evaluated anatomy and biomechanics, and one article focused on the economics of trigger finger (Figure 5).

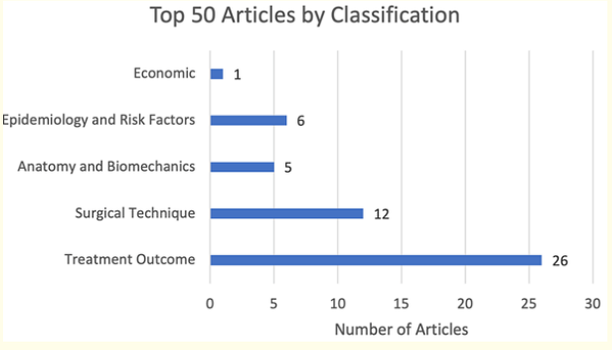

Figure 5: Distribution of the top 50 trigger finger articles by article classification.

Discussion

Management and outcomes pertaining to trigger finger are of great importance to hand surgeons and their patients. The most commonly researched topic was treatment outcomes, examining which treatment method (s) lead to optimal results for different presentations of trigger finger. The literature dictates that more mild presentations are often first treated with non-steroidal anti-inflammatory (NSAID) medications and splinting, while more severe disease is treated with corticosteroid injections or surgical release of the affected pulley [2].

Ryzewicz., *et al.* (2006) published the most cited paper on trigger finger in the Journal of Hand Surgery-American Volume, titled "Trigger digits: Principles, management, and complications", cited 183 times. The manuscript reviews the treatment modalities for trigger finger and the outcomes and complications associated with each method [10]. The paper suggests multiple nonoperative approaches for initial management such as non-steroidal anti-inflammatory medications, activity modification, splinting, and corticosteroid injection, with surgical treatment recommended in cases in which non-operative treatment fails. Ryzewicz compares the benefits of open versus percutaneous surgery, ultimately concluding that percutaneous release has a shorter procedure time, shorter duration of postoperative pain, and a quicker recovery. However, the paper did not find significant differences in final functional outcomes between patients who underwent open versus percutaneous intervention. The paper also discusses systemic diseases associated with trigger finger such as diabetes mellitus, amyloidosis, mucopolysaccharidosis, and rheumatoid arthritis and the optimal treatment algorithms for trigger finger in patients with these comorbid conditions [10]. Patients with diabetes have a significantly reduced overall success rate with corticosteroid injection and somewhat compromised results after surgery as well. Patients with amyloidosis and mucopolysaccharidosis both are optimally treated with surgical release of the A1 pulley sometimes requiring complete tenosynovectomy. The paper also reports that patients with rheumatoid arthritis do not benefit from A1 pulley release and respond best to complete flexor tenosynovectomy [10].

The second most cited article was written by Chammas., *et al.* (1995), titled "Dupuytren's Disease, Carpal Tunnel Syndrome, Trigger Finger, and Diabetes Mellitus", cited 168 times. This prospective study assessed the incidence of Dupuytren's disease, limited joint motion, carpal tunnel syndrome, and flexor tenosynovitis in a 120-patient cohort of insulin and non-insulin dependent diabetic patients. The authors demonstrated that limited joint motion was noted in a third of the diabetic cohort, Dupuytren's disease in a third, carpal tunnel syndrome in fifteen to twenty-five percent, and flexor tenosynovitis in about a fifth of diabetics, suggesting that diabetes is closely linked with numerous hand pathologies. In the cohort studied, flexor tenosynovitis commonly affected greater than one finger on the same hand. Functional deficits were more severe in insulin dependent diabetics and worsening symptoms were directly correlated with increasing patient age, duration of diabetes, and presence of microangiopathy [11]. The paper concluded that irrespective of the differences found between insulin and non-insulin dependent diabetics, the similarities and increased risks associated with these systemic disorders suggests a common etiology and a result of increased collagen glycosylation.

The third most cited paper, cited 106 times, was written by Sampson., *et al.* (1991), titled "Pathobiology of the Human A1 Pulley in Trigger Finger". It compared anatomic and histological

characteristics of A1 pulleys in a cohort of 65 patients with trigger digits to non-pathologic A1 pulleys of 20 fresh-frozen cadavers. In both the pathologic and non-pathologic cadaver A1 pulleys there were two distinct layers: an outer vascular layer and an inner avascular gliding layer. This inner layer was greatly different when comparing the trigger digit pulleys to the control pulleys. The study demonstrated that the cells of the trigger digits had similar characteristics to fibrocartilage, including an increasing number of chondrocytes and adjacent extracellular matrix as compared to healthy controls.

Though the most common level of evidence was IV, there were a significant percentage of level I studies containing randomized control trials. This is a substantially greater percentage than found in other bibliometric analyses regarding other pathologies within the field of hand and upper extremity orthopedics. For example, a bibliometric analysis by Jones., *et al.* (2017) found that just five percent of the most commonly cited manuscripts pertaining to distal radius fractures were level I studies [12]. Additionally, not a single article cited in the top 50 papers pertaining to chronic scapholunate reconstruction was considered level of evidence I or II [13]. The high percentage of level I studies seen with trigger finger may be partially attributed to the fact that both operative and nonoperative management provide adequate outcomes, enabling a physician to ethically randomize patients. With this high level of evidence, the results are better representative of existent phenomena, enabling physicians to more effectively change their management of this disease accordingly. The top two most cited level I studies were "Steroid Versus Placebo Injection for Trigger Finger" by Murphy., *et al.* (1995) cited 85 times and "Controlled Study of the Use of Local Steroid Injection in the Treatment of Trigger Finger and Thumb" by Lambert., *et al.* (1992) cited 66 times [14,15]. The randomized control study by Murphy., *et al.* studied a cohort of twenty-four patients with trigger finger, compromised of fourteen patients that received corticosteroid injection and lidocaine and ten patients that received only lidocaine injections. They found that nine of the fourteen patients that received corticosteroid injections were cured of disease at final follow-up examination versus only two of the ten patients in the cohort only treated with lidocaine. This demonstrates a significant effect of corticosteroid injection as a treatment for trigger finger with a high level of evidence. The randomized control study by Lambert., *et al*. also assessed the effect of corticosteroid injection on trigger finger outcomes. In a similar method to the study by Murphy., *et al*. patients with trigger finger were randomized to receive an injection of steroid and lidocaine or an injection only of lidocaine. The study also found that steroid injection significantly results in more patients reporting a complete resolution of symptoms. With these two heavily cited, high-level studies, there is clearly a significant effect of steroid injection on the outcomes of trigger finger, with a focus on this in the literature.

Citation density is the measure of the total times an article is cited, divided by the years since its publication date. Considering an older article has more years in circulation to be cited, it is at an advantage with regards to total citation number. Citation density helps correct for this, by assessing the average citations per year. The top two most cited articles by Ryzewicz., *et al*. and by M Chammas., *et al.* also have the greatest citation density being 11.44 and 6.22 citations per year respectively. This indicates that not only are these two articles the most cited, but each year since they have been published they have on average been the most cited.

The majority of the most cited articles were published after 2000 (n = 27). This contribution is even more significant when considering the disadvantage for more recent publications with regard to total citation number. With the most recent two decades contributing such a large portion of the articles, there is clearly an increased interest in this topic in recent years.

The United States was the country which contributed the greatest number of articles (n = 24), similar to prior bibliometric studies within orthopedics [13,16,17]. The authors found a significant contribution to the trigger finger literature from East Asian countries (n = 11), including Taiwan, Japan, South Korea, China, and Malaysia. This trend has not been shown in other orthopedic bibliometric analyses. We postulate that the high prevalence of diabetes in these countries may lead to a larger prevalence of trigger finger. Considering that over sixty percent of the diabetics worldwide live in Asia and over eighty percent in low- and middle-income countries, these countries likely contribute a large portion of those affected by trigger finger worldwide [18]. This global distribution best explains the regional focus on trigger finger identified through our bibliometric analysis.

This study is not without limitations. The true value that a scientific article contributes is not truly measurable and assessing total article citations is an imperfect way of measuring an articles importance. Therefore, influential articles with lower citation numbers may have been omitted. Additionally, we only assessed articles that were available through Thomson ISI Web of Science®, only including peer reviewed articles. Because of this, the analysis may have overlooked influential articles that were not included in this database. Furthermore, we specifically examined articles pertaining to orthopaedics, making it possible that influential trigger finger articles published in other specialty journals such as plastic surgery may have been omitted.

Conclusion

This study provides an analysis of the most cited articles on trigger finger and provides insight into the characteristics of an article that is most influential on the scientific community. The most common published literature on trigger finger includes outcomes studies, level of evidence IV, out of centers in the United States published in the Journal of Hand Surgery. There were a significantly greater percentage of level I articles than in alternative bibliometric analyses within the field of hand and upper extremity orthopedics. This allows physicians to apply study results more confidently to their clinical practice.

Conflict of Interest

None.

Funding/Sponsorship

This research did not receive any specific grant from funding agencies in the public, commercial or not-for-profit sectors.

Authors Contribution

All authors significantly contributed to the writing of this manuscript.

Acknowledgements

None.

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