The diagnosis of de Quervain’s tenosynovitis is commonly decided as a result of a painful response to Finkelstein’s test.

Many clinicians currently define Finkelstein’s test as passive ulnar deviation of the wrist while the thumb is clasped in the palm by the fingers. (Figure 1). I would suggest that many of us without symptoms would have a painful response to this maneuver as it places the maximum tension on the tendons in the first dorsal compartment. Unfortunately, this testing position can create a false positive test.

Finkelstein’s original description in 1939 instructed the examiner to grasp the patient’s thumb and quickly deviate the wrist ulnarward (Figure 2). A positive test is the patient’s report of pain over the radial styloid. Finkelstein states: “This is probably the most pathognomonic objective sign.”

Elliot, in an article in the British Journal of Hand Surgery in 1992, points out the problem of the common incorrect testing maneuver. This topic would be a useful point of discussion among therapists and surgeons working together to assure consistency in evaluation of this common problem.

References