

Clinical Pearls



FINKELSTEIN'S TEST: DO WE DO IT THE SAME AND WHO IS DOING IT CORRECTLY?

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 pathognomic objective sign."²

Elliot, in an article in the *British Journal of Hand Surgery* in 1992, points out the problem of the common incorrect testing maneuver.¹ 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

1. Elliot, BG: Finkelstein's test: a descriptive error that can produce a false positive. *Jour Hand Surg* 17B:4, 1992: 481-82.
2. Finkelstein, H: Stenosing tendovaginitis at the radial styloid process. *J Bone Joint Surg* 12, 1939: 509-40.



Figure 1: Current commonly described testing position.



Figure 2: Testing position as originally described by Finkelstein.