

Tissue Healing & Interventions			
	Signs	Intervention	ns
Inflammatory (Injury -> 2-4 days)	Pain (dolor), heat (calor), redness (rubor), swelling (tumor), and loss of function (functio laesa	Rest	Immobilize and protect the affected area; exercise the unaffected areas; NWB or PWB; PROM if applicable; continuous passive motion (CPM) postopera- tively
		Cryoth- erapy	(ice or cold)
		Compre- ssion	taping, bracing, or orthotics
		Elevation	
		Decrease pain:	Physical agents and modalities for pain management and swelling

Tissue Healing & Interventions (cont)			
	Patient education:	Educate about avoidance of activities and how to protect the area	
Fibrob- lastic (3 weeks)	Protect:	Bracing or orthotics; progre- ssive WB such as PWB or WBAT	
	Decrease Pain:	Physical agents and modalities for pain management and swelling	

Tissue Healir	ng & Interventions (cont)
Increase ROM and function:	use scar mobilization techniques; PROM, AAROM, AROM; isometric exercises; stretching exercises (start with light stretching because tissue is delicate in the beginning); CKC if pain and swelling subsided; ADLs
Patient education:	how to protect the affected area; avoid excessive motion for tissue irritation/ destru- ction



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### Tissue Healing & Interventions (cont)

Remodeling Increase restore Phase (3 stability, strength weeks -> 3 and mobility, joint arthrokinemamonths) function to normal: tics, gradual return to work/school/hobbies how to avoid

Patient how to avoid education: future injury

### **Evaluating Special Tests**

Statistically significant would mean the result is likely NOT due to chance.

result is likely NOT due to char	100.
Sensitive	Correctly identifies the number of true positive
Specificity	Correctly rules out negatives
If a Lachman's test correctly identifies 95% of patients as positive for anterior cruciate ligament tears, then the MRI is:	Sensitive, as it rules in

### Vertebral Artery Test

Instructions:

to tested side maximally and holds position for 10 seconds.

Patient returns to neutral for 10 seconds.

Patient extends head for 10 seconds. Patient returns to neutral for 10 seconds.

Patient extends and rotates head (again opposite tested side) maximally for 10

Positive Include (The 5 D's) dizziness, symptoms: diplopia, dysarthria, dysphagia, drop attacks

And (The 3D's) nausea, numbness, and nystagmus

Upper Limb Range of Motion

#### Shoulder Flexion 180 Extension 60 Abduction 70 IR 70 ER 80 Adduction 135 Elbow 150 Flexion Extension 60 Radioulnar Pronation 80 Supination 80 Wrist Flexion 80 Extension 70

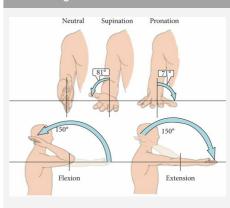
Radioulnar

Ulnar

20

30

## Elbow Range of Motion



Lower Limb Range of Motion			
Нір	Flexion	120	
	Extension	0	
Knee	Flexion	135	
	Extension	0	
	Internal Rotation	25	
	External Rotation	35	
Ankle	PlantarFlexion	50	
	Dorsiflexion	20	

Upper Limb No	erve Routes		
Dermatomes		Myotomes	
C4	Collar		
C5	Lateral Shoulder	Shoulder Abduction	C5
C6	Thumb	Elbow Flexion	C6
C7	No Heaven!	Elbow Extension (triceps)	C7
C8	Little Finger	Wrist Flexion (FDS)	C8

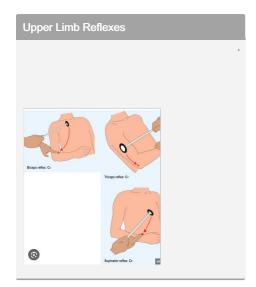
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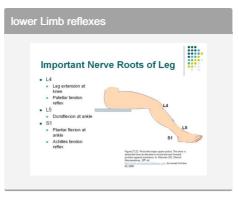
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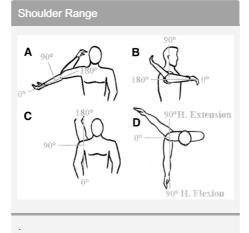


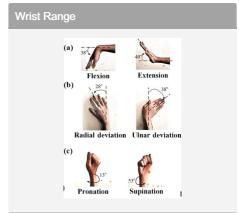


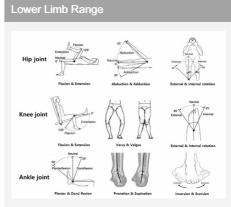
Lower Limb	Nerve	Routes	
Myotomes		Dermatomes	Reflexes
	L1	Inguinal region and the very top of the medial thigh	Patella (I3/L4)
Hip Flexion	L2	Middle and late of the anterior t	
Knee Extension	L3	Medial epicondyle of the femur.	
Ankle Dorsif- lexion	L4	Medial malleolus.	
Great Toe Extension	L5	Dorsum of the foot at the third metatarsophalangeal joint.	
Ankle Platar- flexion	S1	Lateral aspect of the calcaneus.	Ankle (S5/S1)

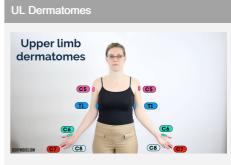


Full Thick	ness Rotator (	Cuff Cluster	
Painful Arc	GHJ	45-120	
	ACJ	170-180	
Drop Arm	Passively or actively elevate into abduction		
	Patient lowers arm		
	Tests for loss	of eccentric control	
Resist EF	3		











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### Lower Limb Myotomes



### Meniscal Injury Cluster

Joint Locking

Joint line Tenderness

McMurray Test

Flexion & Extension OP



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