

Tissue Healing & Interventions				Tissue Healing & Interventions (cont)		Tissue Healing & Interventions (cont)		
	Signs	Interventions						
Inflam- matory (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	Patient education:	Educate about avoidance of activities and how to protect the area	Increase ROM and function:	use scar mobilization techni- ques; 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	
		Cryoth- erapy	(ice or cold)	Fibrob- lastic (3 weeks)	Protect:	Bracing or orthotics; progre- ssive WB such as PWB or WBAT	Patient education:	how to protect the affected area; avoid excessive motion for tissue irritation/ destru- ction
		Compre- ssion	taping, bracing, or orthotics		Decrease Pain:	Physical agents and modalities for pain management and swelling		
		Elevation						
		Decrease pain:	Physical agents and modalities for pain management and swelling					



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Page 1 of 4.

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### Tissue Healing & Interventions (cont)

Remodeling Phase (3 weeks -> 3 months)

Increase strength and function to normal:

restore stability, mobility, joint arthrokinematics, gradual return to work/school/-hobbies

Patient education: how to avoid future injury

### Evaluating Special Tests

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

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

Instru- Patient rotates head opposite 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 seconds

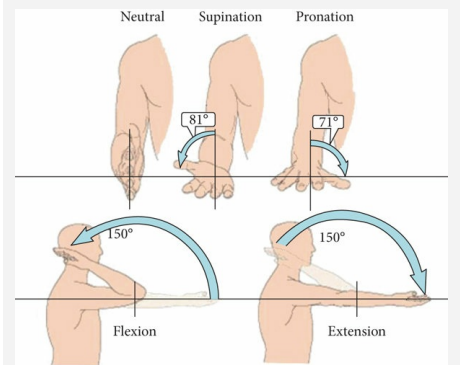
Positive symptoms: Include (The 5 D's) dizziness, diplopia, dysarthria, dysphagia, drop attacks

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	Flexion	150
	Extension	60
Radioulnar	Pronation	80
	Supination	80
Wrist	Flexion	80
	Extension	70
	Radioulnar	20
	Ulnar	30

### Elbow Range of Motion



### Lower Limb Range of Motion

Hip	Flexion	120
	Extension	0
Knee	Flexion	135
	Extension	0
	Internal Rotation	25
	External Rotation	35
	Ankle	PlantarFlexion
Dorsiflexion		20

### Upper Limb Nerve 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

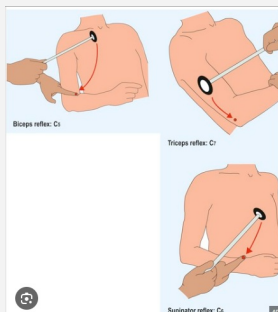


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Page 2 of 4.

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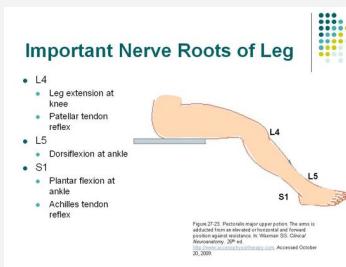
### Upper Limb Reflexes



### Lower Limb Nerve Routes

Myotomes	Dermatomes	Reflexes
Hip Flexion	L2	Middle and lateral aspect of the anterior thigh.
Knee Extension	L3	Medial epicondyle of the femur.
Ankle Dorsiflexion	L4	Medial malleolus.
Great Toe Extension	L5	Dorsum of the foot at the third metatarsophalangeal joint.
Ankle Plantarflexion	S1	Lateral aspect of the calcaneus.

### Lower Limb Reflexes

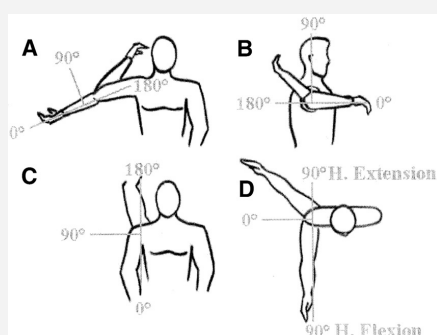


### Full Thickness Rotator Cuff Cluster

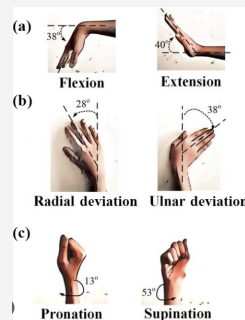
Painful Arc	GHJ	45-120
Drop Arm	ACJ	170-180
Resist ER		

Passively or actively elevate into abduction  
Patient lowers arm  
Tests for loss of eccentric control

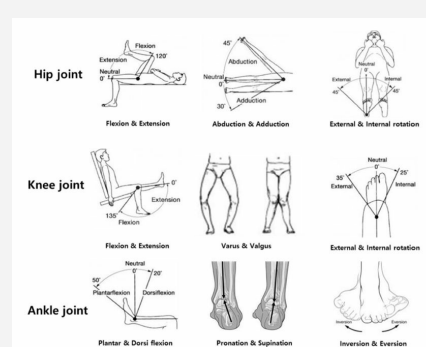
### Shoulder Range



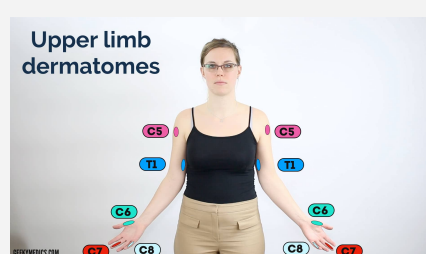
### Wrist Range



### Lower Limb Range



### UL Dermatomes



### Upper Myotomes



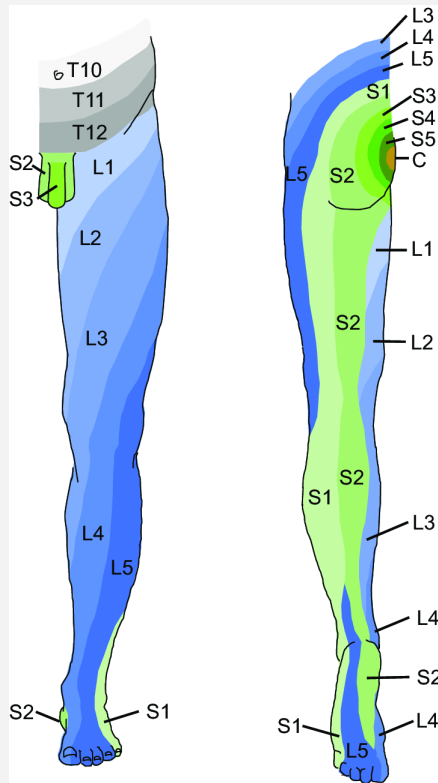
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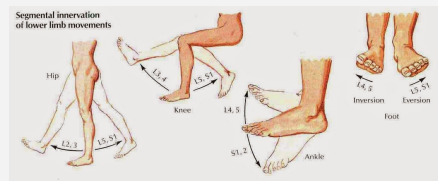
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Page 3 of 4.

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### Lower Limb Dermatomes



### Lower Limb Myotomes



### Meniscal Injury Cluster

Joint Locking

Joint line Tenderness

McMurray Test

Flexion & Extension OP

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