MSK Interventions by Tissue Healing Stage Cheat Sheet by datamansam via cheatography.com/139410/cs/39506/

Tissue Healing & Interventions			Tissue H	lealing & Inter	ventions (cont)	Tissue Hea	ling & Interventions (cont)	
Inflam- Pain matory (dol (Injury hea -> 2-4 (cal days) redr (rub swe (tun and loss fund (fun	Signs Pain (dolor), heat	InterventionsRestImmobilize and protect the affected area; exercise the unaffected areas; NWB or PWB; PROM if applicable; continuous passive motion (CPM) postopera-		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	
	(calor), redness (rubor), swelling		exercise the unaffected	Fibrob- lastic (3 weeks)	Protect:	Bracing or orthotics; progre- ssive WB such as PWB or WBAT		with light stretching because tissue is delicate in the beginning); CKC if pain and swelling subsided; ADLs
	(tumor), and loss of function (functio laesa		Decrease Pain:		Physical agents and modalities for pain management and swelling	Patient education:	how to protect the affected area; avoid excessive motion for tissue irritation/ destru- ction	
		Cryoth- erapy	, , , , , , , , , , , , , , , , , , ,					
	Compre- ssion taping, bracing, or orthotics Elevation							
		Decrease pain:	Physical agents and modalities for pain management and swelling					
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Tissue Healing	& Interventio	ons (cont)		
Remodeling Phase (3 weeks -> 3 months)	Increase strength and function to normal:	restore stability, mobility, joint arthrokinema- tics, gradual return to work/school/- hobbies		
	Patient	how to avoid		
	education:	future injury		
Evaluating Spe	ecial 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 identifies 95% positive for ant ligament tears is:	of patients as terior cruciate	as it rules in		

Vertebral Ar	tery Test			
Instru- ctions:	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		

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	50		
	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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Lower Limb	Nerve	Routes	
Myotomes		Dermatomes	Reflexes
	L1	Inguinal region and the very top of the medial thigh	Patella (l3/L4)
Hip Flexion	L2	Middle and late of the anterior t	
Knee Extension	L3	Medial epicond femur.	yle of the
Ankle Dorsif- lexion	L4	Medial malleolu	IS.
Great Toe Extension	L5	Dorsum of the f third metatarso langeal joint.	
Ankle Platar- flexion	S1	Lateral aspect of the calcaneus.	Ankle (S5/S1)



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 ER



Wrist Range (a) Fexion Fexion C Radial deviation (b) 2²⁵ C Linar deviation (c) Pronation C Supination





UL Dermatomes



Upper Myotomes



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Meniscal Injury Cluster	
Joint Locking	
Joint line Tenderness	
McMurray Test	
Flexion & Extension OP	
	_



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