

### Introduction:

|  |   |
|--|---|
| <b>W</b>   | Wash Hands                              |
| <b>I</b>   | Introduce Yourself + Patient's Identity |
| <b>P</b>   | Permission                              |
| <b>P</b>   | Patient Position + Pain                 |
| <b>E</b>   | Explanation                             |
| <b>Patient must be placed at 45° and limbs exposed</b> |   |

### Equipment:

Cotton Wool  
Neurotips  
Tendon Hammer  
128Hz Tuning Fork

### General Inspection:

- Postural abnormalities and deformities
  - Leaning or facial asymmetry
  - Muscle wasting, fasciculations, or tremor
  - Abnormal movements
  - Obvious discomfort or pain
  - Medical paraphernalia: Walking aids, Calipers
- Ask patient to lean forward and examine back/scapulae**

### Tone:

*Check for pain before starting*

|                    |                                       |                                     |
|--------------------|---------------------------------------|-------------------------------------|
| <b>Check tone:</b> | Ask patient to rotate arm at shoulder | Extra movement =><br>Decreased tone |
|                    | Flex and extend arms at elbow         | Less movement => Rigidity           |
|                    | Supination and pronation              |                                     |
|                    | Flex and extend hand at wrist         |                                     |

### Increased Tone:

- Clasp knife rigidity
- Clonus
- Cog wheeling
- Lead pipe rigidity

### Decreased Tone:

- lower motor neuron lesion

### Power:

**Test both left and right limbs, directly comparing each movement in turn.**

**The patient should perform each movement on their own and then attempt with the examiner resisting the movement**

|                        |  |   |
|------------------------|--|---|
| <b>Pronator Drift:</b> | Ask patient to stretch both arms out in front of them with their eyes closed and palms facing upwards. | Indication of muscle weakness, abnormal function of the corticospinal tract and upper motor neurons   |
| <b>Shoulders:</b>      | Abduction + Adduction  | Ask patient to "Chicken Wing" and push up/down against your hands   |
| <b>Elbows:</b>         | Flexion + Extension  | Ask patient to flex/extend arm towards/away from you  |
| <b>Wrist:</b>          | Flexion + Extension  | Hands out <b>with closed fist</b> , resist pushing up/down  |
| <b>Fingers:</b>        | Flexion + Extension<br>Adduction + Abduction   | Hands out <b>with fingers straight</b> , resist pushing up/down   |
|                        |  | Hands out, spread fingers apart, resist pushing fingers together  |
|                        |  | Close fingers, resist pulling apart individually  |
| <b>Thumb:</b>          | Adduction  | Patient holds out hand, resists pushing towards other fingers.<br><br>Patient forms ring with thumb and pointer finger and resists opening ring |



### Coordination:

|   |  |
|---|--|
| <b>Finger to Nose Test:</b>                 | Past pointing, <b>Kinetic Tremor</b>               |
| <b>Rapidly alternating wrist movements:</b> | Supination + Pronation - <b>Dysdiadochokinesia</b> |

### Tendon Reflexes:

Limb must be totally relaxed

|                         |   |      |
|-------------------------|---|------|
| <b>Biceps:</b>          | Support patient's arm on yours                | C5,6 |
| <b>Triceps:</b>         | Allow patients arm to hang with elbow at 90°  | C7   |
| <b>Brachioradialis:</b> | Strike 2-3cm above the radial styloid process | C5,6 |

Muscle may just contract, **may not be an obvious movement**

Reflex may be **present/absent**, or **reduced/brisk**

### Sensation:

**Light Touch:** *Important to touch rather than stroke*  
 Lightly **touch sternum** first using cotton wool.  
**Ask patient to close eyes** and tell you when they feel the touch.  
**Ask if touch feels the same on both sides**

|                                   |    |
|-----------------------------------|----|
| Posterior aspect of the shoulders | C4 |
| Lateral aspect of the upper arms  | C5 |
| Tip of the thumb                  | C6 |
| Tip of the middle finger          | C7 |
| Tip of the little finger          | C8 |
| Medial aspect of the lower arms   | T1 |
| Medial aspect of the upper arms   | T2 |

### Sensation: (cont)

**Pain:** Repeat same process as for light touch.  
  
 Tested using a **new** neurotip.  
**Must be disposed of in the sharps bin.**

**Temperature:** Tested the same way as pain/light touch, rarely done.

Tested using a *cold tuning fork*.

**Vibration Sense:** (128Hz)  
 Strike tuning fork and hold to patient's sternum.  
 Ask patient to close eyes.

Begin on most distal bony prominence (**Tip of middle finger, working proximally on each bony prominence**)

**Proprioception:** Hold middle finger at middle phalanx, ask patient to close eyes.

Demonstrate up/down for the patient, then repeat in a random direction, asking the patient to say which direction the toe is moving.

Repeat 3 times for both sides.

Continue up finger/arm until patient is correct

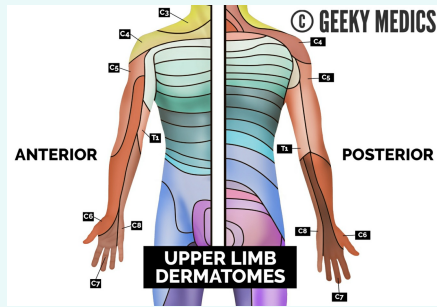
### MRC Muscle Power Scale:

#### MRC Muscle Power Scale

| Score | Description                                    |
|-------|--|
| 0     | No contraction                                 |
| 1     | Flicker or trace of contraction                |
| 2     | Active movement, with gravity eliminated       |
| 3     | Active movement against gravity                |
| 4     | Active movement against gravity and resistance |
| 5     | Normal power                                   |



### Upper Limbs Dermatome Map:



C

By [hjsdhaj](https://cheatography.com/hjsdhaj/)  
[cheatography.com/hjsdhaj/](https://cheatography.com/hjsdhaj/)

Not published yet.  
Last updated 23rd March, 2025.  
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