

Introduction:

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

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

Check tone:	Ask patient to rotate arm at shoulder	Extra movement => 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

Pronator Drift:	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
Shoulders:	Abduction + Adduction	Ask patient to "Chicken Wing" and push up/down against your hands
Elbows:	Flexion + Extension	Ask patient to flex/extend arm towards/away from you
Wrist:	Flexion + Extension	Hands out with closed fist , resist pushing up/down
Fingers:	Flexion + Extension Adduction + Abduction	Hands out with fingers straight , resist pushing up/down
		Hands out, spread fingers apart, resist pushing fingers together
		Close fingers, resist pulling apart individually
Thumb:	Adduction	Patient holds out hand, resists pushing towards other fingers. Patient forms ring with thumb and pointer finger and resists opening ring

Coordination:

Finger to Nose Test:	Past pointing, Kinetic Tremor
Rapidly alternating wrist movements:	Supination + Pronation - Dysdiadochokinesia

Tendon Reflexes:

Limb must be totally relaxed

Biceps:	Support patient's arm on yours	C5,6
Triceps:	Allow patients arm to hang with elbow at 90°	C7
Brachioradialis:	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.

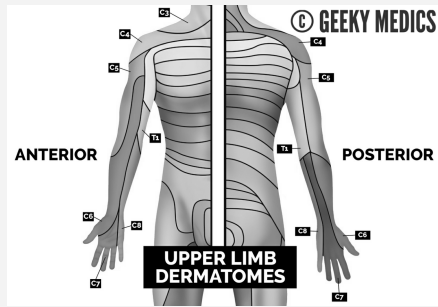
Continue up finger/arm until patient is correct

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:



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Page 3 of 3.

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