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Neuropa	thies Conditions	Neuropathies testing (cont)			
ulnar claw hand	ulnar nerve (hyperext- ension of 4/5th digits) high median nerve -	ulnar ner testing m innervati	notor froments test -		
of	only occurs when	thumb	joint of thumb		
benedi ction	attempt to make a fist	Finger is	sues		
ape hand	median nerve - injured hand at rest - thumb	trigger finger	A1 pulley		
	adducted, cannot abduct/oppose thumb	swan neck	proximal interphal- angeal (PIP) joint		
wrist drop	ulnar nerve issue	deformity	the distal interphal-		
carpal tunnel	median nerve compre- ssion at wrist		angeal (DIP) joint flexion		
cubital tunnel	ulnar nerve compre- ssion at elbow	bouton- niere	flexed at the proximal interphal-		
ulnar tunnel -	ulnar nerve compre- ssion at guyons canal	deformity	angeal joint (PIP) and hyperextended at the distal interp- halangeal joint (DIP)		
handle palsy		ulnar drif			
radial	radial tunnel compre-				
tunnel	ssion	tendon re	epairs		
Neuropa	thies testing	kleinert	passive flexion using		
carpal tunnel testing	tinel and phalens - prayer/reverse prayer sign		rubber band traction and active extension to the hood of the splint		
cubital tunnel testing	tinels	- 0-4 weeks early	dorsal block splint		
de quarvan	positive finkelstein s "hook grip"	phase	<i></i>		
semmes wienstei sensory	 occlude pts eye; n - touch different areas of hand 	- 4-7 weeks interm- ediate	continue dorsal block splint, but adjust wrist to neutral		
guyons canal syndrom	testing over guyons canal le	phase - 6-8 weeks	no splint, AROM, light OT activities		

tendon r	repairs (cont)	Splints (cont)				
- 8-12 weeks	strengthening, work, leisure	carpal tunnel	wrist splint positioned in			
duran	passive flexion and extension of digit	syndrome	neutral - decrease carpal canal			
- 0- 4.5 weeks	dorsal blocking splint, exercises in splint include flexion of PIP joint, DIP joint	cubital tunnel syndrome	elbow splint position at 30 degrees of flexion -			
- 4.5- 6	active flexion and extension within limits		prevent elbow flexion at night			
weeks	of splint	de quervains	thumb splint, includes wrist. IP			
- 6-8 weeks	tendon glides, differ- ential tendon gliding,	quervano	joints free			
noono	scar management	skiers	UCL hand based			
- 8-12 weeks	strengthening/work activities	thumb	thumb splint - protect the ulnar collateral ligament			
Splints		0140	of MCP			
brachial plexus injury	flail arm splint - for positioning	CMC arthritis	hand based thumb splint - for hand to be at rest to decrease inflam-			
radial	colditz or radial nerve		mation			
nerve injury	splint -for function	ulnar drift	ulnar wrist/deviation splint - decrease			
medial nerve injury	opponens splint (for functional activities), Cbar, thumb post		pain, provide stability, realign MCP			
ulnar nerve injury	anticlaw splint, lumbrical bar splint - prevent clawing	flexor tendon injury	dorsal protection splint - for protection of site			
spinal cord -	tenodesis splint - facilitate grasp and					

testing

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AROM

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C6-C7

release

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Splints (cont)		Range of motion			muscle strength testing and		muscle strength testing and		
swan neck bouton-	silver rings, button- hole/hyperex- tension block splint - prevent further deformity silver ring or PIP	goniometer functional ROM	measurement tool rom needed to perform functional movements - reaching to top of head, small of	4 good	entions (cont) Complete ROM against gravity and moderate resistance. Resistive exercise is used to increase strength.	interver 3- / fair minus	ntions (cont) More than 50% ROM against gravity. Example: Structure an activity to encourage the patient to lift his arm		
niere deformity	extension	active	back contractile		Example: Tossing a beach ball with weighted		up in a vertical plane, against gravity. As the		
arthritis	functional splint or safe splint - decrease inflam-	ROM - AROM	structures - movement produced by ones		cuffs strapped to the patient's wrists. Tossing a therapy ball.		patient will not be able to achieve a complete ROM, place the goal at		
flaccidity	mation resting/functional	passive	own muscle noncontractile	3+Complete ROM againstfairgravity and slight resist-			the highest level which the patient is able to reach.		
	hand splint - prevent joint contracture, common wearing	ent joint PROM movement is used to increase strength. Example: acture, produced by an Tossing a beach bal	is used to increase	2+ poor plus	Less than 50% ROM against gravity / complete ROM gravity				
	and at night then on off during the day	external force active movement assisted produced by ones		3 fair	gravity. When a grade of		eliminated slight resist- ance. Example: Place		
spasticity	spasticity splint or cone splint - prevent joint contracture	range of motion - AAROM	own muscles and assisted by an external force		3 is reached, the activity can be structured to move against gravity. Example: Balloon		the patient's arm on top of a table. Structure a table top activity which requires the patient to slide their arm along		
muscle weakness	balanced forearm orthosis (BFO),	muscle strei	ngth testing and s		volleyball / throwing a balloon at a target, which requires the patient to lift		the surface of the table, through a complete		
- ALS, SCI,	deltoid sling/sus- pension sling -	bid sling/sus- MMT break test is most their arm up ag		their arm up against gravity. Adapted		ROM (in a gravity eliminated plane).			
guillain barre	supports		omplete ROM jainst gravity and		volleyball type game.		Using a regular surface and introducing		
hand burns	wrist 15-30 degrees extension, MCP 50- 70 degrees flexion, IPs in full extension	Re us str	aximal resistance. esistive exercise is red to increase rength. Example:				weighted game pieces, will add resistance to the movement.		
			ssing a medicine						

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ball while standing.

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1

muscle strength testing and interventions (cont)

2

Complete ROM with gravity eliminated. For poor exercises/activities performed in a gravity-reduced plane, use a powdered surface or skateboard to reduce the resistance produced by friction on a supporting surface. Example: Place the patient's arm on top of a table which has been covered with powder. Structure a table top activity which requires the patient to slide their arm along the surface of the table, through a complete ROM (in a gravity eliminated plane). Play a board game with light game pieces, or table cricket.

muscle strength testing and

2-/

poor

Incomplete ROM with gravity eliminated. minus Patient moves the joint through partial ROM and the therapist or mechanical device completes the ROM. Example: Support the patient's arm and allow the patient to actively move through as much range as is possible, in a gravity eliminated plane. As soon as the therapist feels/observes that the patient has stopped actively moving, the therapist continues to support and move the patient's arm through the complete ROM. Incorporate a goal into the exercise e.g. incorporate using a suspension mobile arm support with a meaningful activity.

muscle strength testing and interventions (cont)

No movement but can trace contract muscle. Facilitate muscle contraction - Tap, rub, vibrate muscle to facilitate a stronger contraction. Active-Assisted Exercise. The patient contracts their muscle, and the therapist or a mechanical device completes the entire ROM. Slings, pulleys, weights, springs, or elastic bands may be used to provide mechanical assistance. This exercise is graded by decreasing the amount of assistance until the patient can perform active exercises. Example: Supporting and moving the patient's arm through a full ROM in a gravity eliminated plane. Incorporate a goal into the exercise e.g. support the patient's arm on a large ball and assist the patient in rolling the ball through a full ROM, to play a variation of traditional ten-pin bowling.

muscle strength testing and interventions (cont)

0	No muscle contraction.
zero	Paralysis. Maintain
	PROM. The purpose of
	passive exercise is to
	prevent contractures,
	adhesions, and deformity
	by maintaining ROM.

simple interventions

increasing	high resistance,
strength	low reps
increasing endurance	increase reps, low weight/resistance
edema reduction	elevation, retrograde massage, compre- ssion, contrast baths
scar mgt	ROM, massage, compression, scar pad with compre- ssion, splinting, edema control
sensory training - desensiti- zation for hypers- ensitivity	massage, textures, vibration, fluido- therapy
sensory training - re-edu- cation	massage, textures, vibration, fluido- therapy *high risk for injury since they are not feeling
joint protection	use hips/knees, push large items with full body, carry bags on forearm

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simple interventions (cont)		PAMS	(cont)		PAMS	(cont)		PAMS (co	nt)							
body mechanics PAMS pam indica	do not move items that are too heavy, keep objects close to the body during lifting, hold object centered at waist level	cold pack	pain manage- ment, anti inflam- mation, edema control, decrease of	Hypersens- itivity or poor tolerance to cold • Raynaud's disease and phenomenon • Circulatory impairment – e.g. hemorr-	hot pack	subacute and chronic condit- ions. Relieves pain, increases soft tissue extensibi-	Peripheral vascular disease • Impaired circulation, bleeding disorder, DVT or thromboph- lebitis •	fluido- therapy - heat	help patients with their hands and wrists. Arthritis, chronic tendonitis, postop- erative	open wounds						
	contraind- ication								muscle guarding, spasm.	haging tissue or untreated hemorrhagic disorders • Peripheral vascular		lity, reduces muscle spasm, relaxes skeletal muscles,	Local malignancy and recently radiated areas • Acute		conditions, post fracture manage- ment, and Raynaud's syndrome.	
				disease • Active DVT • Impaired sensation (neuropathy) • Open wounds, near chronic wounds • Cryoglobu- linemia* • Over regenerating nerves • Impaired cognition and/or ability to commun- icate		decreases joint stiffness, and promotes wound healing.	inflam- mation or trauma, edema, infection • Open wounds • Over large scars • Impaired sensation (neuro- pathy) • Large areas, or at sufficient intensity to raise core temper- ature- pregnancy, severe cardiac disease/in cardiac	neurom- uscular electrical stimul- ation NMES - muscle stimul- ation	stimulate paralyzed, paretic muscle, muscle weakness, peripheral neurop- athy, and muscle spasm.	Pregnance • Cancer • Presence of a cardia pacemake or any other electrical simulators Precau- tions include obesity, impaired sensation and over relatively superficia metal implants.						
							failure • Impaired ability to commun- icate- cognition or									

communication impairments

sufficient to prevent patient from giving accurate and timely feedback • Areas affected by heat-sensitive skin diseases (e.g., eczema) · Areas of skin breakdown or damage producing uneven heat conduction across the skin • Reproductive organs (testes)

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PAMS (cont)		PAMS (co	nt)	PAMS (cont	t)	PAMS (co	nt)		
paraffin	useful for	if patient	transc-	Stimulates	Pregnancy ultrasound	Penetrates	Pacemakewhirlpool	Pain	Fever
	contra-	has open	uta-	nerve	Pacemakers	deep into	 Areas of 	management	Recei
	ctures due	wounds,	neous	fibers and	Prone to	the	decreased	Wound	skin g
	to	abrasions	electrical	provides	seizures-	muscul-	circulation •	manage-	 Circ
	rheumatoid	or skin	nerve	sympto-	Tens	ature and	Impaired	ment, partic-	atory
	arthritis,	infect-	stimul-	matic	"pulses"	joint	sensation •	ularly in the	impai
	burns, and	ions.	ation -	relief of	have the	tissues. •	Pregnancy	management	 Activ
	progre-		TENS -	pain.	ppotential to	Increase	 Along the 	of burn	bleed
	ssive		used for	Used to	trigger a	the	cervical	patients • To	hemo
	systemic		PAIN	treat	seizure.	extens-	sympat-	facilitate	hagin
	sclerosis			chronic		ibility of	hetic	debridement	Open
	(sclerode-			pain		collagen	ganglion	in infected	woun
	rma). Used			syndrome,		fibers in	(or over the	wounds,	Sense
	to treat			spinal		tendons	antero-	non-draining	vascu
	chronic			radiculop-		and joint	lateral	wounds,	impai
	arthritis of			athy, low		capsules •	neck) •	wounds with	
	the hand,			back pain,		Reduce	Directly	thick eschar,	
	various			reflex		muscle	over the	and on	
	distal			sympat-		spasms •	spinal	wounds with	
	extremity			hetic		Aids tissue	column	loosely	
	conditions			dystrophy,		healing –	after	adherent	
	to increase			etc.		speeds up	lamine-	necrotic	
	ROM,					the rate of	ctomy •	tissue •	
	manages					healing &	Severe	Helps	
	pain, and					enhance	arterial	dressings to	
	assists in					the quality	disease or	be removed	
	wound					of the	DVT •	slowly and	
	healing.					repair •	Bleeding	gently,	
						Modulate	disorders •	reducing the	
						pain, goes	Over a	pain of	
						to the	bony .	dressing	
						deepest	prominence	changes. •	
						layer for	• Over	ROM .	
						pain	epiphyseal	exercises •	
							plates •	Promoting	
							Any	muscular	
							surgically	relaxation	
							implanted		
							artificial		
							product		
							(e.g.,		
							Gortex or		
							mesh) may		
							build up heat in an		
							area.		

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PAMS (co	ont)	
contrast	Hot/cold	Same
baths	immersion	as
	therapy is a	Superf
	method of	icial
	treating: •	Heat
	Muscle	and
	soreness •	Cold
	Swelling •	
	Inflam-	
	mation. •	
	Joint	
	injuries, mild	
	sprains, •	
	Symptoms	
	of chronic	
	pain and	
	repetitive	
	strain	
	injuries •	
	Edema	

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