

UPPER LIMB EXAMINATION

Sensory Examination

1. Light touch → ask patient to close his eyes and gently touch areas innervated by C5, C6, C7, C8, T1
2. Superficial pain → ask patient to close his eyes and gently tap areas innervated by C5, C6, C7, C8, T1 using neurotip
3. Vibration → use your tuning fork (while vibrating) and ask the patient if he feels the vibration and then stop the vibration and ask him if he still feels it vibrating. (Do it on DIP of forefinger, if normal then you don't need to continue)
4. Temperature → use your tuning fork to assess if patient feels temperature or not (cold).
5. Proprioception →
 - Move the patient's middle finger's DIP while patient's eyes are closed and demonstrate what you mean by "up" and "down"
 - Ask patient to close his eyes and then ask him where you're moving his DIP
6. Stereognosis → place a familiar object in the patient's hands while he's closing his eyes and ask him to identify what it is (pen for example)
7. Graphesthesia → draw something on his palms while he's closing his eyes and then ask him to identify what you wrote.
8. Point localization → touch the patient's arms at different areas while he's closing his eyes and ask him which side did you touch (also touch his fingers and ask him which fingers did you touch)
9. Sensory inattention → touch both sides and ask him which side you touched

Motor Examination

1. Inspection (SWIFTD):
 - Scars/ Symmetry
 - Wasting
 - Involuntary movement or myoclonic jerks
 - Fasciculation
 - Tremor
 - Deformity
2. Palpation: (ask about pain, maintain eye to eye contact, warm your hands)
 - Bulk
 - Tenderness
3. Tone:
 - Hold the patient's arm as if you're shaking it and move all joints of the arms (wrist, elbow, shoulder) in all possible planes and directions and assess the tone
4. Pronator drift (ask patient to close his eyes and extend + supinate his arm; observe if any arm drifts down or pronates)
5. Power:
 - Deltoid → abduction (C5), adduction (C6, C7)
 - Biceps → flexion (C5, C6)
 - Triceps → extension (C7)
 - Wrist → flexion (C6, C7), extension (C6, C7)
 - Fingers → extension (C7, C8), flexion (C8), abduction (T1), adduction (T1)
 - Thumb → abduction (C7, T1), adduction (C7, T1)
 - Pincer grip (C8, T1)
 - Power grip (C5, T1)
6. Reflexes:
 - Biceps jerk (C5, C6)
 - Supinator jerk (C5, C6)
 - Triceps jerk (C6, C7)
 - Finger jerk (C8)
 - Hoffman's reflex
7. Coordination:
 - Finger to nose (look for dysmetria, dyssynergia past pointing or intention tremor)
 - Rapid alternating movement (look for dysdiadokinesia)
 - Rebound: ask patient to extend their arms and apply pressure on their arm and see if their arm briskly moves up