

Cervical Spine Physical Exam – TeleMedicine Videochat

HAVE PATIENT IN A SPORTS ATTIRE (shorts/sports bra for Exam portion of video chat)

Steps of how to examine the Cervical Spine with Verbal Commands

Observations to Look for	Verbal Commands
<p>Standing: General Appearance: posture, head position in relation to shoulders, displaying pain behaviors (sighing, wincing, rocking). Vitals: Height/Weight, pulse, blood pressure may be self-reported if available Respirations: breathing labored or dyspneic? Mental status: alert, oriented? affect? Able to follow verbal commands? Cervical spine skin and upper limbs- rashes or scars? Location of pain? Shoulder symmetry? Kyphosis? Scoliosis?</p> <p>Gait/ Functional strength testing Antalgic? Trendelenburg? Circumducted gait? Heel and toe walk? Observe great toe extension. Spastic gait? Ataxia? Single leg balance?</p> <p> Tandem in line gait balance?</p> <p> Toe tapping motor control impaired?</p> <p><i>Range of motion and Flexibility:</i> Cervical ROM painful?</p> <p>Spurling's maneuver?</p> <p>Shoulder ROM painful?</p>	<p>Things you will need: small object like paper clip, piece of paper, heavier object like. Do you know your height and weight? Are you able to take your blood pressure or pulse?</p> <p>So I can see how your body is moving, Please remove just your outer clothes. Leave your shorts/sports bra on OR please lift your shirt so I can see your back & neck. Remove your socks if possible. Please point with one finger where you feel your pain the most.</p> <p>Please back away from the camera so I can see your whole body including your feet. Please walk back and forth. Walk on your heels Walk on your toes Stand on one leg Walk forward pretending you are on a balance beam or tight rope Tap your foot as if you are tapping your foot to the beat of music With each of these movements of your neck, point to where you feel the pain. Move your chin upward toward the ceiling. Move chin to your right. Move chin to left. Move chin up again; move chin all the way to the right as if you are looking at the corner of the ceiling. Do the same thing to the left. Side bend your neck moving ear toward right shoulder; Same thing to your left. Which of those motions were the most painful? Any shoulder or arm pain with any of these movements? Raise your arms over your head in front of you. Let them down. Raise your arms over your head out to the sides and over your head. Turn around. Lift your shirt so I can see your shoulder blades. Raise your arms over your head in front of you. Let them down. Raise your arms over your head out to the sides and over your head. Raise your right hand over your head as if you are scratching the bottom of your neck behind you. Now the left side. Reach your right hand behind your back as if you are scratching the bottom of your shoulder blade behind you. Now the left side.</p>

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<p>Shoulder external rotation/lag sign?</p> <p>If supraspinatus impingement syndrome on differential:</p> <p>If subscapularis tendinopathy on differential:</p> <p>If AC joint on differential:</p> <p>Midrange pain or positive drop arm with passive ROM?</p> <p>Pronator drift? (weakness or other upper motor neuron problem)</p> <p>Rapid alternating movements intact? Dysdiadochokinesia?</p> <p>Intrinsic or thenar atrophy? Heberden/Bouchard nodes? Hypertrophy of 1st CMC?</p> <p>Also consider Roos', Wall push-up, Phalens/reverse phalens, Finkelstein, self Tinel at wrist/elbows</p>	<p>Keeping your elbows at your side, bend elbow. Point your thumb outward like you are pointing to someone next to you.</p> <p>Pretending you are holding a can upright, raise the right arm up. Now pretend you are holding a can upside down; raise the arm up. Any pain?</p> <p>Reach your arm behind your back and point your thumb toward the wall behind you.</p> <p>Pretend you are putting on a scarf, bring your arm across your body. Any pain?</p> <p>If there is another person available, bring the arm up over their head and rest it back down; pain with this?</p> <p>Raise both arms in front of you, palms up. Keep them there. Now close your eyes</p> <p>Place right hand on the left as if your clapping. Tap the back of right hand to the left. Alternate, go as fast you can. Switch sides and do the same on the other side.</p> <p>Hold hands out in front of camera so I can see your hands close up.</p>
<p>Sitting:</p> <p>Sit to stand without using arms to stand?</p> <p>Functional overhead strength?</p> <p>Finger grasp intact?</p> <p>Hand intrinsic strength intact?</p> <p>If radicular pain on differential: Median nerve/ root test?</p> <p>Ulnar nerve bias testing</p> <p>Chin tuck</p>	<p>Sit down. Try not to use hands and stand up. Sit down again.</p> <p>Get the heavy object. With your right hand, lift the object over your head. Now do the same on the left. Place the object on a table in front of you. Using the right hand, grab the object off the table and lift it up. Now the left.</p> <p>Find a small object like paper clip. Pick up the small object with right hand. Now the left hand.</p> <p>Find a piece of paper. Place the piece of paper between your middle and ring fingers in your right hand, hold the paper up dangling the paper down with hand in the air</p> <p>Raise right arm out to side, bend wrist backward, turn your head to the left. Usual pain? Now the same on the left.</p> <p>Raise arms overhead, bend elbow, pretend you are making eyeglasses with your hands</p> <p>Sit up with good posture. Do a chin tuck making a "double chin" - pretend someone is in front of you trying to kiss you but you don't want to kiss them. More or less pain in your neck, shoulder, arm?</p>
<p>Supine</p> <p>If there is significant thoracic kyphosis: Does thoracic kyphosis reduce? Able to rest back of head on floor/bed without pillow?</p>	<p>Lie down on bed, couch, or floor if you are able.</p>
	<p>Is there anything else you would like me to check? If not, you can put your clothes back on and return to the camera so we can go over your treatment plan.</p>

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Cervical Spine Physical Exam: This is how it is documented

Physical Examination

Constitutional: General Appearance: well developed, well nourished, no acute distress. Displays no pain behaviors.

Self reported Vitals: Height/Weight/Blood Pressure/Pulse

Psychiatric: Mental status: alert, oriented x 3, bright affect, able to follow verbal commands

Cardiovascular: Upper limb edema: none.

Respiratory: Respirations: breathing non labored and non-dyspneic

Abdomen: no truncal obesity

Skin: Upper limb skin: no rashes. Cervical spine skin: no rashes.

Neurologic:

Single leg stance balance intact

Tandem in line gait balance intact

Heel walking intact.

Toe walking intact.

Single leg toe tapping coordination intact

Sit-to-stand without upper limb assistance intact.

Functional upper limb strength testing: Functional overhead strength intact. Grip of small object intact. Hand intrinsic with paper squeeze intact.

No abnormal pronator drift.

Rapid alternating movements intact – no dysdiadochokinesia.

Musculoskeletal:

Inspection/Alignment:

Gait: non antalgic

Upper limb atrophy: no atrophy noted

Cervicothoracic posture: Bilaterally rounded shoulders with protruded head?

No irreducible thoracic kyphosis.

Range of motion and Flexibility:

Cervical flexion is normal and pain free. Cervical extension is normal and pain free. Cervical right rotation is normal and pain free. Cervical left rotation is normal and pain free.

Drop arm test is normal. Scapular rhythm: normal scapular motion. Glenohumeral joint internal rotation is normal and pain free. Glenohumeral joint external rotation is normal and pain free.

Sit to stand transfers and Bed mobility is functional and intact

Provocative maneuvers:

Spurling's maneuver: normal bilaterally