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Gallagher Sharp Shop Talk: Workers' Compensation

As we continue our discussion of common neurologic or orthopaedic tests or signs and their use in diagnosing workers' compensation injuries, this week we will focus on tests involving the wrists, arms, and shoulders, including tests for carpal tunnel syndrome ("CTS") and epicondylitis ("tennis elbow"):

Wrist/CTS:

Tinel's Sign - Test is performed by gently tapping (with finger or reflex hammer) along the course of the involved nerve. If a persistent pain or a tingling sensation results in the distal distribution of the injured nerve, sign is "present," indicating potential CTS.

Phalen's Sign - Wrist is held in complete flexion for 30 to 60 seconds. Sign is "present" when discomfort, numbness or tingling is reproduced or exaggerated in the hand and digits, indicative of median nerve compression.

Upper Extremity:

Codman's Sign - In patients with shoulder complaints, if passive abduction can be done without pain, but a sudden release of the patient's arm causes pain and hunching in the shoulder joint, sign is "present," indicating a potential rotator cuff tear.

Impingement Sign - Patient's arm is moved through flexion while in a slightly abducted position. Pain at the shoulder is a "positive" sign, suggestive of an overuse injury of the supraspinatus and/or biceps muscle tendons.

Cozen's Test - Patient clenches fist while hand is turned upward and examiner grasps the lower forearm and presses downward. If result is acute pain in the lateral epicondyle, test is considered "positive" indicating potential epicondylitis ("tennis elbow").

Mills Maneuver - Patient fully extends elbow while fully flexing wrists and fingers. If pronation of forearm causes sharp pain in the lateral elbow, test is considered "positive," indicating epicondylitis. (This test is considered the "classic" test for "tennis elbow.")

Yergason's Test - Patient, with palm facing upward, makes fist and bends elbow to 90 degrees. Examiner grasps fist and rotates arm internally and externally while keeping patient from further flexing the elbow. If palpable or audible "click" or snap results, test is "positive," indicating unstable biceps tendon.

Next time, we will provide some additional tests which measure whether a patient is "malingering."

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