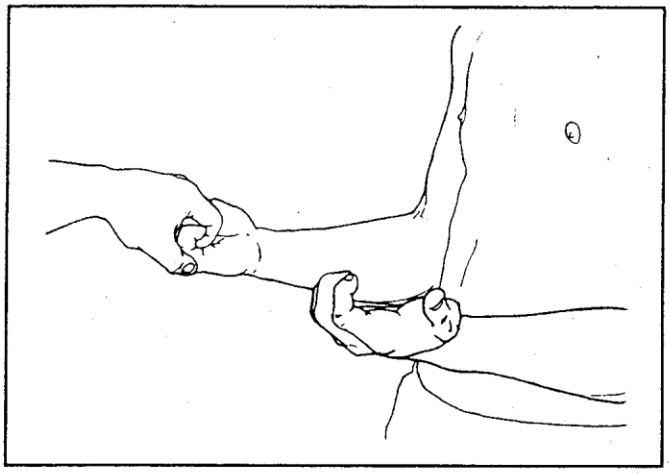
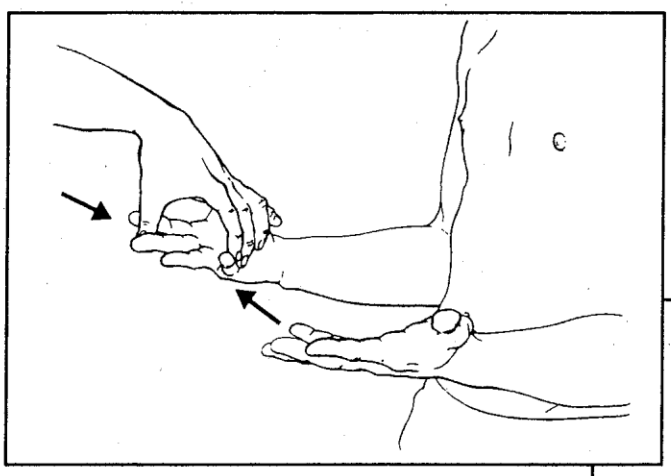
C-8: Finger Curl

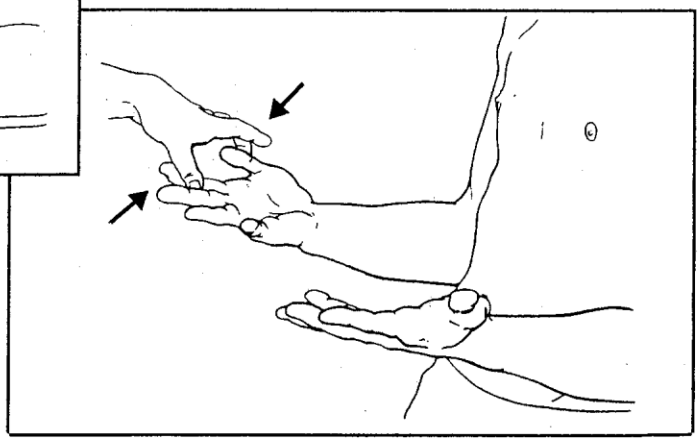
While the patient holds their palm up and fingers curled half way closed, place your curled fingers into theirs and instruct them to prevent you from straightening their fingers.

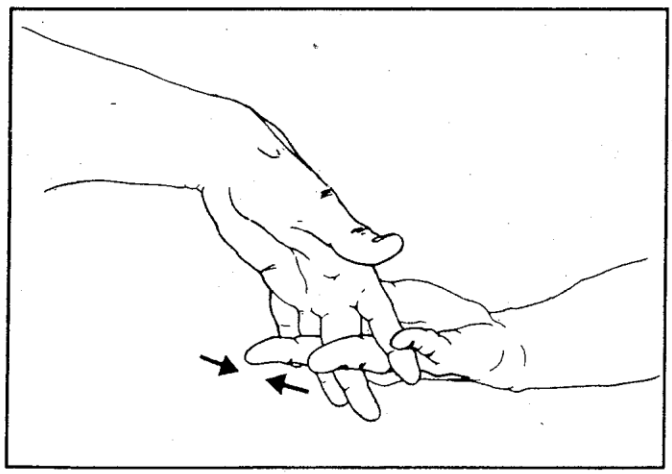




T-1: Interossei

Have the patient spread their fingers as wide as they can with their palms up. With your finger tips, try to push together two adjacent fingers of the patient's hand as they resist you.





T-1: Alternate Interossei

With the patient's palm up and their fingers spread, place your fingers between theirs and instruct the patient to prevent you from removing them. In cases of malingering this is a valuable tool, because both functions are inervated by the T-1 nerve root. The patient should be consistent in their response of strength to both interossei tests.

CERVICOBRACHIAL SYNDROMES

Due to the vast number of injuries that can occur to the cervical spine during athletic competition, the most common injuries and how they affect the upper extremity will be addressed.

1. CERVICAL BURNER

(2, pp. 11-12, 702-704)
(17, [illegible])

The brachial plexus "stretch" neuropraxia, or burner, is the most common cervical spine injury which refers symptoms to the upper extremity. Over a 4-year exposure to college football, Clancy reported a 49% incidence to the players. A typical history presents with a sharp burning pain in the neck that radiates into the arm and hand and may have associated weakness or paraesthesia in the hand. The impact of injury forces the head laterally away from the involved extremity while the shoulder is forced downward or backward placing traction on the brachial plexus. Athletes should not play contact sports until they have attained full strength in the upper extremities. Cervical spine films should be taken to rule out osseous disruption from this type of trauma.