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MEDICAL TESTS

Aaron's sign is a referred pain felt in the epigastrium upon continuous firm pressure over McBurney's point. It is indicative of appendicitis

Adie's syndrome Synonyms Holmes–Adie syndrome, Adie's tonic pupil, Holmes-Adie pupil Adies.png Bilateral mydriasis given the observational diagnosis Adie's pupils by an ophthalmologist

Photo showing Abadie's sign of exopthalmic goiter in a man with Graves' disease.

Front of right upper extremity Adson's sign is the loss of the radial pulse in the arm by rotating head to the ipsilateral side with extended neck following deep inspiration.

It is sometimes used as a sign of thoracic outlet syndrome (TOS)

Argyll Robertson pupils (AR pupils or, colloquially, prostitute's pupils) are bilateral small pupils that reduce in size on a near object(i.e., they accommodate), but do not constrict when exposed to bright light (i.e., they do not react to light). They are a highly specific sign of neurosyphilis; however, Argyll Robertson pupils may also be a sign of diabetic neuropathy. In general, pupils that accommodate but do not react are said to show light-near dissociation (i.e., it is the absence of a miotic reaction to light, both direct and consensual, with the preservation of a miotic reaction to near stimulus (accommodation/convergence).

Relative afferent pupillary defect (RAPD) or Marcus Gunn pupil is a medical sign observed during the swinging-flashlight testwhereupon the patient's pupils constrict less (therefore appearing to dilate) when a bright light is swung from the unaffected eye to the affected eye. The affected eye still senses the light and produces pupillary sphincter constriction to some degree, albeit reduced.The most common cause of Marcus Gunn pupil is a lesion of the optic nerve (between the retina and the optic chiasm) or severe retinal disease

Alexanders law refers to spontaneous nystagmus that occurs after an acute unilateral vestibular loss. It was first described in 1912 and has three elements to explain how the vestibulo-ocular reflex responds to an acute vestibular insult. The first element says that spontaneous nystagmus after an acute vestibular impairment has the fast phase directed toward the healthy ear. The direction of the nystagmus, by convention, is named for the fast phase, so the spontaneous nystagmus is directed toward the healthy ear. The second element says nystagmus is greatest when gaze is directed toward the healthy ear, is attentuated at central gaze and may be absent when gaze is directed toward the impaired ear. The third element says that spontaneous nystagmus with central gaze is augmented when vision is denied. This became apparent with the implementation of electrographic testing.

Alexander's law states that in individuals with nystagmus, the amplitude of the nystagmus increases when the eye moves in the direction of the fast phase (saccade). It is manifested during spontaneous nystagmus in a patient with a vestibular lesion. The nystagmus becomes more intense when the patient looks in the quick-phase than in the slow-phase direction.

Modified test

In the modified Allen test, one hand is examined at a time:

The hand is elevated and the patient is asked to clench their fist for about 30 seconds.

Pressure is applied over the ulnar and the radial arteries so as to occlude both of them.

Still elevated, the hand is then opened. It should appear blanched (pallor may be observed at the finger nails).

Ulnar pressure is released while radial pressure is maintained, and the colour should return within 5 to 15 seconds.

If color returns as described, Allen's test is considered to be normal. If color fails to return, the test is considered abnormal and

it suggests that the ulnar artery supply to the hand is not sufficient.

This indicates that it may not be safe to cannulate or needle the radial artery.

Hutchinson's pupil is a clinical sign in which the pupil on the side of an intracranial mass lesion is dilated and unreactive to light,[1] due to compression of the oculomotor nerve on that side. The sign is named after Sir Jonathan Hutchinson. These can be due to concussion injury to the brain and is associated with subdural haemorrhage and unconsciousness. The parasympathetic fibers to the pupil are responsible for pupillary constriction. The fibers pass through the periphery of the oculomotor nerve, and hence are the first to be affected in case of compression of the nerve. In Stage 1, the parasympathetic fibers on the side of injury are irritated, leading to constriction of pupil on that side. In stage 2, the parasympathetic fibers on the side of injury are paralysed, leading to dilatation of pupil. The fibers on the opposite oculomotor nerve are irritated, leading to constriction on opposite side. In stage 3, the parasympathetic fibers on both sides are paralysed - leading to bilateral pupillary dilatation. Pupils become fixed. This could typically indicates a very serious underlying condition.

In order to perform the test, the patient lies prone (face-down) on an examination table and flexes their knee to a ninety degree angle. The examiner then places his or her own knee across the posterior aspect of the patient's thigh. The tibia is then compressed onto the knee joint while being externally rotated. If this maneuver produces pain, this constitutes a positive Apley test and damage to the meniscus is likely. Lateral rotation tests for medial implications (meniscal during compression and ligamentous when distracting the tibia) and medial rotation tests for lateral implications again (meniscal during compression and ligamentous when distracting the tibia). Greater than 90 degrees of knee flexion will impinge more of the posterior horn, 90 degrees of knee flexion the medial meniscus and the closer to knee extension the further the anterior horn is being tested (< 90 degrees of knee flexion).

psoriasis - when scraped off bleeding occurs that is auspitz sign..

The Barlow maneuver is a physical examination performed on infants to screen for developmental dysplasia of the hip.

The maneuver is easily performed by adducting the hip (bringing the thigh towards the midline) while applying light pressure on the knee, directing the force posteriorly.[2] If the hip is dislocatable - that is, if the hip can be popped out of socket with this maneuver - the test is considered positive. The Ortolani maneuver is then used, to confirm the positive finding (i.e., that the hip actually dislocated).

Plantar reflex Babinski response/Babinski sign (pathological) Medical diagnostics Lawrence 1960 20.4.png The reflex occurs upon stroking of the sole of the foot with a sharp object such as a pen. If the reflex occurs in adults as illustrated at bottom it may be due to nerve damage or disease.

Ballance's sign is used in medical diagnosis. Its symptoms are dullness to percussion in the left flank

LUQ and shifting dullness to percussion in the right flank seen with splenicrupture/hematoma.[1] During trauma assessment of the abdomen, Ballance's sign may be observed upon exam.

The dullness in the left flank is due to coagulated blood, the shifting dullness on the right due to fluid blood.

Bancroft's sign, also known as Moses' sign,[1] is a clinical sign found in patients with deep vein thrombosis of the lower leg involving the posterior tibial veins. The sign is positive if pain is elicited when the calf muscle is compressed forwards against the tibia, but not when the calf muscle is compressed from side to side.[2] Like other clinical signs for deep vein thrombosis, such as Homans sign and Lowenberg's sign, this sign is neither sensitive nor specific for the presence of thrombosis

In medicine, the caloric reflex test (sometimes termed 'vestibular caloric stimulation') is a test of the vestibulo-ocular reflex that involves irrigating cold or warm water or air into the external auditory canal.

One mnemonic used to remember the FAST direction of nystagmus is COWS.[8]

COWS: Cold Opposite, Warm Same. Cold water = FAST phase of nystagmus to the side Opposite from the cold water filled ear Warm water = FAST phase of nystagmus to the Same side as the warm water filled ear In other words: Contralateral when cold is applied and ipsilateral when warm is applied

Bilateral periorbital ecchymosis (raccoon eyes) Raccoon eye/eyes (also known in the United Kingdom and Ireland as panda eyes) or periorbital ecchymosis is a sign of basal skull fracture or subgaleal hematoma, a craniotomythat ruptured the meninges, or (rarely) certain cancers.[1][2] Bilateral hemorrhage occurs when damage at the time of a facial fracture tears the meninges and causes the venous sinuses to bleed into the arachnoid villi and the cranial sinuses. In layman's terms, blood from skull fracture seeps into the soft tissue around the eyes. Raccoon eyes may be accompanied by Battle's sign, an ecchymosis behind the ear

Black eye 2.jpg A black eye, periorbital hematoma, or shiner, is bruising around the eye commonly due to an injury to the face rather than to the eye. The name is given due to the color of bruising. The so-called black eye is caused by bleeding beneath the skin and around the eye. Sometimes a black eye could get worse if not referring to a doctor after a few months, indicating a more extensive injury, even a skull fracture, particularly if the area around both eyes is bruised (raccoon eyes), or if there has been a prior head injury.

Although most black eye injuries are not serious, bleeding within the eye, called a hyphema, is serious and can reduce vision and damage the cornea.

hyper Periorbital puffiness, also known as puffy eyes, or swelling around the eyes, is the appearance of swelling in the tissues around the eyes, called the orbits. It is almost exclusively caused by fluid buildup around the eyes, or periorbital edema. Minor puffiness usually detectable below the eyes only (although at times they could be present all around) is often called eye bags. Such transient puffiness is distinct from the age related and gradual increase in the size of the fat pad lying below the lower eyelids (suborbicularis oculi fat – SOOF) which can also be colloquially referred to as eye bags.

seen in nephrotic syndrome,hyperthyroidism and hypothyroidism,sleep deprivation,chagas disease(trypansomisis),mononucleosis.

Beau's lines Beau's line on left, middle fingernail.jpg Beau's lines Some other reasons for these lines include trauma, coronary occlusion, hypocalcaemia, and skin disease

Muehrcke's lines Muehrcke's nails,[1] Muehrcke's lines, or leukonychia striata are changes in the fingernail that may be a sign of an underlying medical disorder or condition. Muehrcke's lines are white lines (leukonychia) that extend all the way across the nail and lie parallel to the lunula (half moon). In contrast to Beau's lines, they are not grooved. The lines are actually in the vascular nail bed underneath the nail plate, and as such, they do not move with nail growth. Meuhrcke's lines disappear when pressure is placed over the nail, blanching the underlying nail bed.

The appearance of Muehrcke's lines is nonspecific, but they are often associated with decreased protein synthesis, which may occur during periods of metabolic stress (e.g., after chemotherapy) and in hypoalbuminemic states such as the nephrotic syndrome

Mees' lines Mee's lines.JPG Classification and external resources Mees' lines or Aldrich–Mees' lines, also called leukonychia striata, are white lines of discoloration across the nails of the fingers and toes (leukonychia). Mees' lines appear after an episode of poisoning with arsenic,[1] thallium or other heavy metals, and can also appear if the subject is suffering from renal failure.[2] They have been observed in chemotherapy patients

Components of Beck's Triad[-cardiac tamponade Hypotension with a Narrowed Pulse Pressure Jugular Venous Distention Muffled heart Sounds

Bitot's spots Typical location of Bitot's spots.jpg Typical location of Bitot's spots

Bitot's spots are the buildup of keratin located superficially in the conjunctiva, which are oval, triangular or irregular in shape. These spots are a sign of vitamin A deficiency and are associated with conjunctival xerosis.

Boas' or Boas's sign is hyperaesthesia (increased or altered sensitivity) below the right scapula can be a symptom in acute cholecystitis (inflammation of the gallbladder).[1] It is one of many signs a medical provider may look for during an abdominal examination

Brudziński's sign or a Brudziński sign is any of three medical signs, all of which may occur in meningitis or meningism. All three are named after Józef Brudziński. In English, the name is often written without the diacritic (like many borrowed words) (Brudzinski) and is pronounced /bruːˈdʒɪnski/.

Brudziński cheek sign[edit] The Brudziński cheek sign or Brudziński's cheek phenomenon is a clinical sign in which pressure on the cheek elicits a reflex rise and flexion of the forearm. It is found in patients with meningitis, and is analogous to the Brudziński symphyseal sign in the lower limb.

Brudziński symphyseal sign[edit] The Brudziński symphyseal sign is a clinical sign in which pressure on the pubic symphysis elicits a reflex flexion of the hip and knee, and abduction of the leg. It is found in patients with meningitis, and is analogous to the Brudziński cheek sign in the upper limb. This sign was also independently discovered by a Brazilian Clinician, by the name of Aloysio De Castro (1881-1959) in 1912, and is commonly called as the Aloysio De Castro's Sign in Brazil. [1]

Brudziński neck sign[edit] The Brudziński neck sign or Brudziński's symptom is a clinical sign in which forced flexion of the neck elicits a reflex flexion of the hips. It is found in patients with meningitis, subarachnoid haemorrhage and possibly encephalitis. It is not very commonly seen.

Pathophysiology[edit] The pain felt on Kernig's sign is due to meningeal irritation caused by movement of the spinal cord within the meninges. In the Brudzinski's neck sign, this movement with neck flexion is cancelled out by the flexion of the hip; much like two persons pulling on either side of a single rope

MEDIAN NERVE

pen test

ape thumb

loss of opposition

pointing index

if you ask an ape to pick a pen ,he wil not be able to do it because his oppistion is lost

ULNAR NERVE

book test (froment's sign) card test egawa test

RADIAL NERVE wrist drop finger drop thumb drop

Finkelstein's test for DeQuervain's tenosynovitis Finkelstein's test is used to diagnose de Quervain's tenosynovitis in people who have wrist pain. To perform the test, the examining physician or therapist grasps the thumb and ulnar deviates the hand sharply, as shown in the image. If sharp pain occurs along the distal radius (top of forearm, close to wrist; see image), de Quervain's tenosynovitis is likely

Eichhoff's test for DeQuervain's tenosynovitis

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