Must-Dos for Primary Care Physicians When Performing a Neuromuscular Exam

If you suspect a neuromuscular condition, here's a concise checklist of essential components to include in your examination:

1. Proper Preparation

- Ensure adequate exposure of muscle groups
- Position patient optimally for each test
- Explain procedures to maintain patient comfort

2. Thorough Inspection

- Check for muscle atrophy or hypertrophy
- Look for fasciculations (may need to observe muscles for several seconds)
- Note any abnormal posture or movements

3. Strength Testing

- Perform isometric testing (patient contracts muscle first, then examiner applies resistance)
- Test proximal and distal muscle groups
- Grade strength on 0-5 scale
- Differentiate weakness from pain limitations

4. Reflex Assessment

- Test major deep tendon reflexes (biceps, triceps, patellar, ankle)
- Use proper technique with appropriate hammer
- Grade reflexes on 0-4 scale
- Check for Babinski reflex

5. Sensory Examination

- Test both dorsal column (vibration, proprioception) and spinothalamic tract (pinprick, temperature)
- Compare sides for asymmetry
- Check for sensory level or gradient if indicated

6. Functional Assessment

- Observe gait pattern and stability
- Perform relevant special tests based on suspected condition
- Check for fatigability if neuromuscular junction disorder suspected

7. Targeted Special Maneuvers

- Gower sign for proximal weakness
- Myotonia testing for suspected myotonic disorders
- Hoover sign to distinguish functional from organic weakness

This focused approach will help identify key findings that can guide your decision-making on further workup and specialist referral.