Effective positioning of the fingers for intraoperative x-rays

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doi 10.1308/rcsann.2017.0126

Positioning a patients's hand for intraoperative x-rays can be problematic while under regional or general anaesthesia as the patient cannot actively assist. In order to avoid exposure of the operator's hands to the x-ray beam, surgeons use an instrument such as scissor handles to position the fingers. Being radio-opaque, these can interfere with the view of fractures and metalwork. 20ml syringes are often already on the instrument tray, and are cheap and readily available if not. The syringe barrel can be placed over the patient's

Figure 1 Positioning of patient's fingers using syringe barrels while maintaining surgeon's hand outside the x-ray beam

Figure 2 Syringe barrel allows good visualisation and position of finger during intraoperative x-ray

fingers for independent positioning, with the surgeon's hands outside the irradiation field (Fig 1). The barrel is radiolucent and therefore allows good visualisation of the finger on x-ray (Fig 2).

The 'hand of rock' to assess upper limb peripheral neurological status in children

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doi 10.1308/rcsann.2017.0133

The 'hand of rock' sign can be used to simplify assessment of peripheral neurological status following upper limb trauma or surgery. Power is tested by the patient making the 'hand of rock' sign (Fig 1) and then resisting against an opposing force applied by the examiner. The muscles tested are the abductor pollicis brevis (recurrent branch of the median nerve), extensor indicis (posterior interosseous branch of radial nerve) and abductor digiti minimi (ulnar nerve). Sensation is tested over the first metacarpophalangeal joint (radial nerve), the radial border of the index finger (median nerve) and the ulnar border of the little finger (ulnar nerve).

Figure 1 The 'hand of rock'