

**MUSCULOSKELETAL SYSTEM—REGION 8: ELBOW**  
**SPECIAL TESTS**

<b>NATA EC 5th</b>	<b>BOC RD6</b>	<b>SKILL</b>
CE-21g, CE-20e	D2-0203	Elbow Flexion Test

**Supplies Needed:** Table

*This problem allows you the opportunity to demonstrate an **orthopedic test** known as the **elbow flexion test** to rule out **ulnar nerve entrapment**. You have 2 minutes to complete this task.*

Elbow Flexion Test	Course or Site		Assessor		Environment	
	Test 1		Test 2		Test 3	
<b>Tester places patient and limb in appropriate position</b>	Y	N	Y	N	Y	N
Seated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Arms and shoulders in anatomical position	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Tester placed in proper position</b>	Y	N	Y	N	Y	N
Stands in front of the patient	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Tester performs test according to accepted guidelines</b>	Y	N	Y	N	Y	N
Instructs the patient to fully flex the elbows and fully extend the wrists	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Instructs the patient to hold position for 3 minutes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Identifies positive findings and implications</b>	Y	N	Y	N	Y	N
Reproduction of pain, tingling, or numbness along the ulnar nerve distribution	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Total</b>	___/6		___/6		___/6	
<b>Must achieve &gt;4 to pass this examination</b>	Ⓟ	Ⓥ	Ⓟ	Ⓥ	Ⓟ	Ⓥ
<b>Assessor:</b>	<b>Test 1 Comments:</b>					
<b>Date:</b>						
<b>Assessor:</b>	<b>Test 2 Comments:</b>					
<b>Date:</b>						
<b>Assessor:</b>	<b>Test 3 Comments:</b>					
<b>Date:</b>						

**TEST ENVIRONMENTS**

- L:** Laboratory/Classroom
- C:** Clinical/Field Testing
- P:** Practicum
- A:** Assessment/Mock Exam

**TEST INFORMATION**

**Test Statistics:** Specificity .13  
**Reference(s):** Cook & Hegedus (2013)