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Upper limb superficial venous percussion as a sign of anatomical location and venous permeability 👄

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1 Works for me

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EXTERNAL LINK

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THIS PROTOCOL ACCOMPANIES THE FOLLOWING PUBLICATION

Diógenes PCN, Silva ANAd, Guzen FP, Freire MAdM, Cavalcanti JRLdP (2019) Evaluation of upper limb superficial venous percussion as a sign of anatomical location and venous permeability. A comparative study of superficial venous percussion to ultrasound findings on non-renal patients and on chronic kidney disease patients. PLoS ONE 14(11): e0224825. doi: 10.1371/journal.pone.0224825

- The upper limb being examined was garrotted.
- The anatomical sites of the main four superficial venous segments of the upper limbs was examined separately (cephalic vein in forearm, cephalic vein in arm, basilic vein in forearm and basilic vein in the arm).
- Each segment was struck distally with forefinger of the dominant hand with the garrotted limb. Small impacts were generated on the patient's skin in the anatomical path of the superficial venous segment with the index finger of the dominant hand of the examiner at a point distal to the patient's limb, while the palmar face of the of the examiner's non-dominant hand was located at a proximal point on the way of this main superficial venous segment (about 15 cm away).
- In the non-dominant hand of the examiner (proximal), the proximal perception of the transmitted distal wave impacts caused by percussion (impacts) with the index finger of the dominant (distal) hand resulted in a positive maneuver on the venous segment examined.
- The maneuver was declared negative after at least 10 impacts generated by the dominant hand (distal) and not transmitted to the proximal hand of the examiner (about 15 seconds of attempts).



A video

Percussion

 $demonstration is availeable at this following dropbox link \\ \underline{https://www.dropbox.com/s/lu7m5jb2y0naxtm/percussao.mp4?} \\ \underline{dl=0}$

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