

FICHA DE EXAMEN NEUROLÓGICO

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|--|--|------------|--|
| MOTIVO DE CONSULTA: | | | |
| TRASFONDO DE LA HISTORIA INICIO DURACIÓN EVOLUCIÓN Estático / Progresivo / Regresivo (va y viene) / Episódico LATERIZACIÓN DE LOS SIGNOS: | HALLAZGOS NEUROLÓGICOS ¿EXAME NEUROLÓGICO?: NORMAL / ANORMAL | | |
| TRASFONDO DEL ANIMAL PROBLEMAS MÉDICOS PREVIOS: PROBLEMAS QUIRÚRGICOS PREVIOS: VIAJES PREVIOS STATUS VACUNAL DIETA HISTORIA FAMILIAR TRATAMIENTO | ANORMALIDADES - - - - | | LOCALIZACIÓN NEUROANATÓMICA - - - - |
| LA LESIÓN ES: FOCAL MULTIFOCAL DIFUSA SIMÉTRICA ASIMÉTRICA | | | |
| DIAGNÓSTICO ANATÓMICO | FOCAL | MULTIFOCAL | DIFUSO |
| <input type="checkbox"/> PROSENCÉFALO <input type="checkbox"/> TRONCO DEL ÉNCEFALO <input type="checkbox"/> CEREBELAR <input type="checkbox"/> VESTIBULAR: PERIFÉRICO / CENTRAL <input type="checkbox"/> C1 – C5 <input type="checkbox"/> C6 – T2 <input type="checkbox"/> T3 – L3 | <input type="checkbox"/> L4 – L6 <input type="checkbox"/> L6 – S3 <input type="checkbox"/> NEUROMUSCULAR <input type="checkbox"/> MONONEUROPATÍA <input type="checkbox"/> POLINEUROPATÍA <input type="checkbox"/> ENFERMEDAD DE LA UNIÓN NEUROMUSCULAR <input type="checkbox"/> MIOPATÍA | | |
| DIAGNÓSTICO ETIOLÓGICO PRESUNTIVO | | | |
| <input type="checkbox"/> DEGENERATIVO <input type="checkbox"/> ANOMALÍA CONGÉNITA <input type="checkbox"/> METABÓLICO <input type="checkbox"/> NEOPLÁSICO <input type="checkbox"/> NUTRICIONAL | <input type="checkbox"/> INFLAMATORIO / INFECCIOSO <input type="checkbox"/> IDIOMÁTICO <input type="checkbox"/> TRAUMÁTICO <input type="checkbox"/> INTOXICACIÓN <input type="checkbox"/> VASCULAR | | |
| PRUEBAS DIAGNÓSTICAS RECOMENDADAS | | | |

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| <p>OBSERVACIÓN</p> <p>ESTADO MENTAL NORMAL / ANORMAL Confusión / Deprimido / Estuporoso / Comatoso</p> <p>COMPORTAMIENTO NORMAL / ANORMAL</p> <p>POSTURA CORPORAL NORMAL / ANORMAL</p> <p>Ladeo de cabeza / Torsión – giro de cabeza / Curvatura espinal / Episódico / Estación en base ancha / Descerebración</p> <p>Descerebelación / Schiff – Sherrington</p> <p>MARCHA NORMAL / ANORMAL</p> <p>ATAXIA SIMÉTRICA / ASIMÉTRICA</p> <p>EXTREMIDADES ANTERIORES / POSTERIORES</p> <p>PARESIA / PLEJIA TETRA / PARA / MONO / HEMI</p> <p>MARCHA EN CIRCULOS IZQUIERDA / DERECHA</p> <p>COJERA</p> <p>MOVIMIENTOS INVOLUNTARIOS:</p> | <p>REACCIONES POSTURALES</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">IZQUIERDA</td> <td style="width: 50%;">DERECHA</td> </tr> <tr> <td colspan="2" style="text-align: center;">POSICIONAMIENTO PROPIOCEPTIVO</td> </tr> <tr> <td><input type="checkbox"/></td> <td style="text-align: center;">Anterior</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td style="text-align: center;">Posterior</td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="2" style="text-align: center;">PRUEBA DEL SALTO</td> </tr> <tr> <td><input type="checkbox"/></td> <td style="text-align: center;">Anterior</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td style="text-align: center;">Posterior</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td style="text-align: center;">Prueba de la Carretilla</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td style="text-align: center;">Impulso postural extensor</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td style="text-align: center;">Posicionamiento visual</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td style="text-align: center;">Posicionamiento táctil</td> <td><input type="checkbox"/></td> </tr> </table> | IZQUIERDA | DERECHA | POSICIONAMIENTO PROPIOCEPTIVO | | <input type="checkbox"/> | Anterior | <input type="checkbox"/> | <input type="checkbox"/> | Posterior | <input type="checkbox"/> | PRUEBA DEL SALTO | | <input type="checkbox"/> | Anterior | <input type="checkbox"/> | <input type="checkbox"/> | Posterior | <input type="checkbox"/> | <input type="checkbox"/> | Prueba de la Carretilla | <input type="checkbox"/> | <input type="checkbox"/> | Impulso postural extensor | <input type="checkbox"/> | <input type="checkbox"/> | Posicionamiento visual | <input type="checkbox"/> | <input type="checkbox"/> | Posicionamiento táctil | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| IZQUIERDA | DERECHA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| POSICIONAMIENTO PROPIOCEPTIVO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Anterior | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Posterior | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PRUEBA DEL SALTO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Anterior | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Posterior | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Prueba de la Carretilla | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Impulso postural extensor | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Posicionamiento visual | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Posicionamiento táctil | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>PARES CRANEALES</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">IZQUIERDA</td> <td style="width: 50%;">DERECHA</td> </tr> <tr> <td colspan="2" style="text-align: center;"><u>SIMÉTRIA FACIAL</u></td> </tr> <tr> <td colspan="2" style="text-align: center;">Palpebral (V + VII)</td> </tr> <tr> <td colspan="2" style="text-align: center;">Corneal (V + VI, VII)</td> </tr> <tr> <td colspan="2" style="text-align: center;">Oculovestibular (VIII + III, IV, VI)</td> </tr> <tr> <td colspan="2" style="text-align: center;">Tono Mandibular (V)</td> </tr> <tr> <td colspan="2" style="text-align: center;"><u>REFLEJO DE DEGLUCIÓN</u> (IX, X)</td> </tr> <tr> <td colspan="2" style="text-align: center;">Lengua (XII)</td> </tr> <tr> <td colspan="2" style="text-align: center;"><u>RESPUESTA DE AMENAZA</u> (Retina, II, Prosencéfalo + cerebelo, VII)</td> </tr> <tr> <td colspan="2" style="text-align: center;">Estimulación Nasal (V, Prosencéfalo)</td> </tr> <tr> <td colspan="2" style="text-align: center;"><u>TAMAÑO PUPILAR</u></td> </tr> <tr> <td style="text-align: center;">PMG</td> <td style="text-align: center;">PMG</td> </tr> <tr> <td style="text-align: center;">PMG</td> <td style="text-align: center;">PMG</td> </tr> <tr> <td colspan="2" style="text-align: center;">(Simpático)</td> </tr> <tr> <td colspan="2" style="text-align: center;"><u>REFLEJO PUPILAR</u> (Retina, II + III)</td> </tr> <tr> <td colspan="2" style="text-align: center;">Ojo izquierdo</td> </tr> <tr> <td colspan="2" style="text-align: center;">Ojo Derecho</td> </tr> <tr> <td colspan="2" style="text-align: center;"><u>NISTAGMO</u></td> </tr> <tr> <td style="text-align: center;">HVR</td> <td style="text-align: center;">HVR</td> </tr> <tr> <td colspan="2" style="text-align: center;">Espontáneo (VIII)</td> </tr> <tr> <td style="text-align: center;">HVR</td> <td style="text-align: center;">HVR</td> </tr> <tr> <td colspan="2" style="text-align: center;">Posicional</td> </tr> <tr> <td colspan="2" style="text-align: center;"><u>ESTRABISMO</u></td> </tr> <tr> <td colspan="2" style="text-align: center;">Permanente (III o IV o VI)</td> </tr> <tr> <td colspan="2" style="text-align: center;">Posicional (VIII)</td> </tr> </table> | IZQUIERDA | DERECHA | <u>SIMÉTRIA FACIAL</u> | | Palpebral (V + VII) | | Corneal (V + VI, VII) | | Oculovestibular (VIII + III, IV, VI) | | Tono Mandibular (V) | | <u>REFLEJO DE DEGLUCIÓN</u> (IX, X) | | Lengua (XII) | | <u>RESPUESTA DE AMENAZA</u> (Retina, II, Prosencéfalo + cerebelo, VII) | | Estimulación Nasal (V, Prosencéfalo) | | <u>TAMAÑO PUPILAR</u> | | PMG | PMG | PMG | PMG | (Simpático) | | <u>REFLEJO PUPILAR</u> (Retina, II + III) | | Ojo izquierdo | | Ojo Derecho | | <u>NISTAGMO</u> | | HVR | HVR | Espontáneo (VIII) | | HVR | HVR | Posicional | | <u>ESTRABISMO</u> | | Permanente (III o IV o VI) | | Posicional (VIII) | | <p>REACCIONES ESPINALES</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">IZQUIERDA</td> <td style="width: 50%;">DERECHA</td> </tr> <tr> <td colspan="2" style="text-align: center;">FLEXOR ANTERIOR (C6 – T2)</td> </tr> <tr> <td colspan="2" style="text-align: center;">EXTENSOR CARPORRADIAL (C7 – T2)</td> </tr> <tr> <td colspan="2" style="text-align: center;">FLEXOR POSTERIOR (L6 – S2)</td> </tr> <tr> <td colspan="2" style="text-align: center;">PATELAR (L4 – L6)</td> </tr> <tr> <td colspan="2" style="text-align: center;">GASTROCNEMIO (L6 – S1)</td> </tr> <tr> <td colspan="2" style="text-align: center;">PERINEAL (S1 – S3)</td> </tr> <tr> <td colspan="2" style="text-align: center;">¿MOVILIDAD COCCÍGEA? S/N</td> </tr> </table> <p>FUNCIÓN URINARIA</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">¿MICCIÓN VOLUNTARIA EVIDENTE?</td> <td style="width: 50%; text-align: right;">S/N</td> </tr> <tr> <td>¿VEJIGA DISTENDIDA?</td> <td style="text-align: right;">S/N</td> </tr> <tr> <td>¿VEJIGA FÁCILMENTE EXPRESIBLE?</td> <td style="text-align: right;">S/N</td> </tr> </table> <p>EVALUACIÓN SENSITIVA</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">IZQUIERDA</td> <td style="width: 34%;"><u>SENSIBILIDAD PROFUNDA</u></td> <td style="width: 33%;">DERECHA</td> </tr> <tr> <td colspan="3" style="text-align: center;">Anterior</td> </tr> <tr> <td colspan="3" style="text-align: center;">Posterior</td> </tr> <tr> <td colspan="3" style="text-align: center;"><u>REFLEJO CUTÁNEO DEL TRONCO</u></td> </tr> <tr> <td colspan="3" style="text-align: center;"><u>SENSIBILIDAD CUTÁNEA</u></td> </tr> <tr> <td colspan="3" style="text-align: center;">Anterior</td> </tr> <tr> <td colspan="3" style="text-align: center;">Posterior</td> </tr> <tr> <td colspan="3" style="text-align: center;">¿Nervio específico afectado?</td> </tr> </table> <p>PALPACIÓN / MANIPULACIÓN</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">¿DOLOR ESPINAL?</td> <td style="width: 50%; text-align: right;">CERV/TOR/LUMB/SACRO</td> </tr> <tr> <td>¿DOLOR ARTICULAR?</td> <td style="text-align: right;">S/N</td> </tr> <tr> <td>¿DOLOR MUSCULAR?</td> <td style="text-align: right;">S/N</td> </tr> <tr> <td>MOVILIDAD CERVICAL</td> <td style="text-align: right;">NORMAR/ANORMAL</td> </tr> </table> | IZQUIERDA | DERECHA | FLEXOR ANTERIOR (C6 – T2) | | EXTENSOR CARPORRADIAL (C7 – T2) | | FLEXOR POSTERIOR (L6 – S2) | | PATELAR (L4 – L6) | | GASTROCNEMIO (L6 – S1) | | PERINEAL (S1 – S3) | | ¿MOVILIDAD COCCÍGEA? S/N | | ¿MICCIÓN VOLUNTARIA EVIDENTE? | S/N | ¿VEJIGA DISTENDIDA? | S/N | ¿VEJIGA FÁCILMENTE EXPRESIBLE? | S/N | IZQUIERDA | <u>SENSIBILIDAD PROFUNDA</u> | DERECHA | Anterior | | | Posterior | | | <u>REFLEJO CUTÁNEO DEL TRONCO</u> | | | <u>SENSIBILIDAD CUTÁNEA</u> | | | Anterior | | | Posterior | | | ¿Nervio específico afectado? | | | ¿DOLOR ESPINAL? | CERV/TOR/LUMB/SACRO | ¿DOLOR ARTICULAR? | S/N | ¿DOLOR MUSCULAR? | S/N | MOVILIDAD CERVICAL | NORMAR/ANORMAL |
| IZQUIERDA | DERECHA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <u>SIMÉTRIA FACIAL</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Palpebral (V + VII) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Corneal (V + VI, VII) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oculovestibular (VIII + III, IV, VI) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tono Mandibular (V) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <u>REFLEJO DE DEGLUCIÓN</u> (IX, X) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lengua (XII) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <u>RESPUESTA DE AMENAZA</u> (Retina, II, Prosencéfalo + cerebelo, VII) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Estimulación Nasal (V, Prosencéfalo) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <u>TAMAÑO PUPILAR</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PMG | PMG | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PMG | PMG | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (Simpático) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <u>REFLEJO PUPILAR</u> (Retina, II + III) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ojo izquierdo | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ojo Derecho | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <u>NISTAGMO</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HVR | HVR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Espontáneo (VIII) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HVR | HVR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <u>ESTRABISMO</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Permanente (III o IV o VI) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Posicional (VIII) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| EXTENSOR CARPORRADIAL (C7 – T2) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FLEXOR POSTERIOR (L6 – S2) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| PERINEAL (S1 – S3) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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