

# Field Workers' Forum

## GUIDELINES TO FIELD STAFF ON EARLY DETECTION OF NERVE INVOLVEMENT

The Southern Asia Conference of the Leprosy Mission at Nagpur in January, 1977 appointed an expert Committee to establish guidelines for field staff on the early detection of nerve involvement in leprosy. The Committee consisted of Drs R. H. Thangaraj, E. P. Fritschi, C. K. Job, A. J. Salvapandian, Phyllis Taylor and Ramprasad. Their findings are as follows.

### Introduction

The onset of paralysis in a nerve can be averted in a proportion of cases if the muscle weakness or sensory loss can be detected at a very early stage and the patient immediately transferred to the referral centre for full investigation and treatment.

It is of the utmost importance therefore that cases of neuritis be recognized and transferred by the field staff at a very early stage.

Neuritis is here defined as "an inflammation of a nerve which may give rise to sensory or motor deficit".

### Persons to be Examined

All early cases in the field who do not have paralysis.  
All cases showing exacerbated skin lesions.

### Frequency

Examination should be done at every clinic, i.e. every 4 weeks. All cases should have a full sensory charting of both hands and feet at every annual re-assessment.

### Method of Examination

#### *Motor deficit*

*Facial nerve.* Blink reflex is noted when the examiner waves his hand before the eyes.

*Ulnar, median, and radial nerves.* The patient is asked to approximate the tip of the thumb to the tip of the *straight* little finger with the hand outstretched in the pronated position.

*Lateral popliteal nerve.* Patient is asked to dorsiflex the great toe against resistance.

*Posterior tibial nerve.* The patient is asked to spread the toes.  
*Sensory*

(a) Ulnar border of both hands felt for softness and sweating (b) Radial border of both hands felt for softness and sweating. (c) Sole of the foot felt for softness and sweating.

*Pain and tenderness*

The examiner gently palpates both ulnars, both medians, both lateral popliteal, both posterior tibials and watches for wincing.