



INTERNATIONAL JOURNAL OF CLINICAL SKILLS



A Peer Reviewed International Journal for the Advancement of Clinical Skills
- *'docendo ac discendo' - 'by teaching and learning'*



In this issue:

Does first aid have a place in the medical curriculum? A survey of medical students

Patients' attitudes to medical student presence within a university hospital setting

Flexor digitorum superficialis absence in the small finger: a tip on screening

Foreword

Welcome to the latest edition of the International Journal of Clinical Skills (IJOCS), Volume 7, Issue 1, January 2013.

When a medical emergency occurs in the pre-hospital environment, there might be an expectation from the general public for medical students to offer assistance with a similar level of competence as qualified doctors. However, the question is raised; do medical students have sufficient training in first aid skills to fulfil the role expected of them? Our colleagues at Queens University Belfast and Ulster Hospital, Northern Ireland, questioned over 500 medical students to identify knowledge of, and attitudes towards, first aid.

Researchers from Oxford University and Brighton & Sussex Medical School, United Kingdom, conduct a research study to identify patients' attitudes towards the presence of medical students within both inpatient and outpatient hospital settings. Does the involvement of medical students have a negative impact on patient satisfaction? Are patients comfortable being examined by medical students? Are patients aware of their right to refuse students' presence? Find out what the evidence shows.

Mr Lyndon Mason, University Hospital of Wales, United Kingdom, provides information on a screening tip for assessing the absence of flexor digitorum superficialis. This interesting technique illustrates the quadriga effect.

This issue also includes a review of Muhammed Akunjee *et al*'s book 'Clinical Skills Explained'. This book aims to explain essential clinical skills and associated rationale, structured into the three main themes of history taking, physical examination and procedures. Tracey Gregory (Lead Consultation Skills Trainer, University of Leicester, United Kingdom) gives her expert analysis of what the book provides for its readers.

As always, your feedback is invaluable for the continued development of the International Journal of Clinical Skills – the only peer reviewed international journal devoted to clinical skills (e-mail: feedback@ijocs.org).

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Flexor digitorum superficialis absence in the small finger: a tip on screening

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Clinical sign

Abstract

We describe a screening tip for assessing the absence of flexor digitorum superficialis (FDS) in the little finger.

By allowing an individual to count on their fingers, by sequentially extending their fingers from a clenched fist starting with the thumb and ending with their small finger, an absent FDS in the small finger will result in them skipping the ring finger and extending their little finger first. This is due to the quadriga effect.

Introduction

Flexor digitorum superficialis (FDS) is an extrinsic flexor of the fingers, which classically originates from two heads; the humeroulnar head (common flexor origin of the medial epicondyle, medial border of coronoid process and fibrous arch) and the radial head (whole length of anterior oblique line). It inserts onto both sides of the middle phalanx of the medial four fingers by splitting just before insertion. The incidence of absence of the FDS in the small finger in the general population is common, with a prevalence of approximately 6.8% unilateral and 6.0% bilateral [1].

A quick screening tool to check for presence of a FDS in the small finger is to allow the individual to count on their fingers, by sequentially extending their fingers from a clenched fist starting with the thumb and ending with their small finger. In individuals who do not possess an FDS in their small finger, they will preferentially extend the small finger before extending their ring finger in this simple task, as illustrated in Figure 1 (see next page).

This is an illustration of the quadriga effect referring to an analogy between the reins attached to the four horses of a Roman chariot. Without a FDS to the little finger, flexion solely occurs due to the action of flexor digitorum profundus (FDP). Due to the common muscle belly of the four tendons of FDP, there is a limitation of proximal excursion of the other tendons when one is flexed.

References

1. Townley WA, Swan M C, Dunn R L. (2010). Congenital absence of flexor digitorum superficialis: implications for assessment of little finger lacerations. *Journal of Hand Surgery (European Volume)*. **35**(5):417-418.

Figure 1: Illustration of the finger counting process skipping the ring finger, when there is an absent FDS to little finger



Finger counting progress skips the ring finger when the individual does not possess a FDS in the small finger



An example of the inability to extend the ring finger when the small finger remains flexed



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