

Nerve Information and Assessment Techniques

It's important to know which nerves affect which parts of the hands & arms, what steps you can take to avoid or troubleshoot injury, and how to address it if it happens.

[Frozen Meursault's Nerve Injury Reference Card](#) • [Palace Des Cordes Nerve Document](#) (full body)
[Rope Study's Interactive Nerve Reference Diagrams](#)

All three nerves originate at the base of the skull, wrap down under the shoulder to a bundle in the armpit (brachial plexus), and disperse through the arm from there.

Because they converge at the underarm, refraining from upper kannuki may be an option to alleviate issues with numbness or wrist drop if no amount of wrap placement adjustment can correct the issue.

Since they start at the base of the head, the individual nerves are also associated with specific vertebrae:

Ulnar = C8, T1; Medial = C8, T1 & into C5-C7; Radial = C5-C8, T1.

Relaxing muscles around the neck/upper shoulders and avoiding severe bending of the head to the side can allow for lower pressure & alleviate problems too.

These nerves also run all down through the forearm, so check placement there as well, if adjusting the chest wraps isn't helping.

Nerve checks while in bondage:

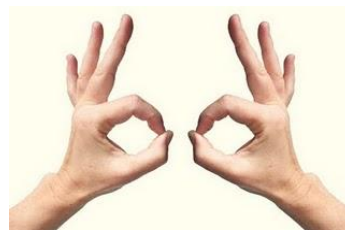
-Cat's paw: hand flexed to 90 degrees with wrist, palm flat, fingers curved in on themselves fully. Looking for fingers to be fully curved (pads touching top of palm).



-Duckbill: fingers bent at a 90-degree angle to palm, grouped either flat or with the ring & middle finger on top of pinky & index, thumb tucked up to press pad into pads of other fingers. Looking for fingers to be straight & flat.



-OK sign: thumb & index finger pads touching to form a loop, other fingers straight out splayed upward. Looking for finger & thumb to touch, other fingers to be straight & angled from each other.



(Images are the closest available that resemble the correct positioning. All should have pads of thumb and fingers touching.)

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These are checks to make sure all three nerves are functioning properly.

The top should ask the bottom to cycle through these hand signals and watch them do it. Nerve impingement may cause the bottom to feel as though they are doing it fully, but only a visual check can verify correct positioning.

Periodically both the palm side & backs of each finger and thumb should be checked for sensation. If the bottom can not move their hands enough to self-check, the top should apply light pressure to these areas & wait for feedback.

Treatment Protocol:

If any checks fail or the bottom reports sudden numbness or shooting pain or other indication of serious nerve issue, quickly but calmly release them from bondage.

- Apply ice [effectiveness of this technique is questionable]
- Offer an anti-inflammatory (like ibuprofen aka Motrin)
- Provide lots of water
- Sit close to them
- Use calming & soothing words (fear or stress will only cause more constriction & possibly worsen the problem)
- Move fingers individually through the range of motion
- Apply very light pinching of skin all around the area and gently adjust the limb position to encourage blood flow (see stretches below).

Stretches for individual nerves:

Radial - arm to the side of the torso, hand flexed, palm up, head tilted to the opposite side.

Medial - arm to side extended straight out, hand flexed

Ulnar - OK Sign with both hands, inverted and placed with loops around eyes ("Superhero Mask")



credits: [Frozen Meursault](#) for the informational card, [Pedro](#) for the stretches & details about the nerve pathways, and the numerous bottoms at the Bottoms Roundtable at [NARIX](#) 2014 for the nerve checks.

Motor Function Assessment for Nerve Injury
Perform these tests on the unaffected hand first, then test the affected hand.
The unaffected hand provides a normal result for comparison.
Consider performing tests prior to activity to determine any pre-existing weakness.

RADIAL Have the individual extend their fingers and hand straight out, palm down. Apply some resistance to the back of their hand and have the individual lift their hand. Weakness with or without resistance is sign of an injury.

MEDIAN Have the individual pinch with their thumb and pointer finger. Insert your pointer finger beneath thumb. Instruct the individual to not let you break the position of their pinched fingers while you lift your pointer finger straight up.

ULNAR Have the individual extend their hand with fingers spread. Instruct them to maintain finger position against your movement. With your hand, attempt to push pointer finger towards middle finger and little finger towards ring finger.

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For more information or to download a copy of this visit [FrozenMeursault.com](#)

Nerve Innervation
Left Hand Shown
(Diagram applicable to both hands)

Sensation Assessment:
Run a finger across each hand at the same time being sure to touch all colored areas. Direct the individual to tell you if there is any difference in sensation between the hands.

Front: Radial (orange), Median (green), Ulnar (purple)
Back: Ulnar (purple), Median (green), Radial (orange)

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