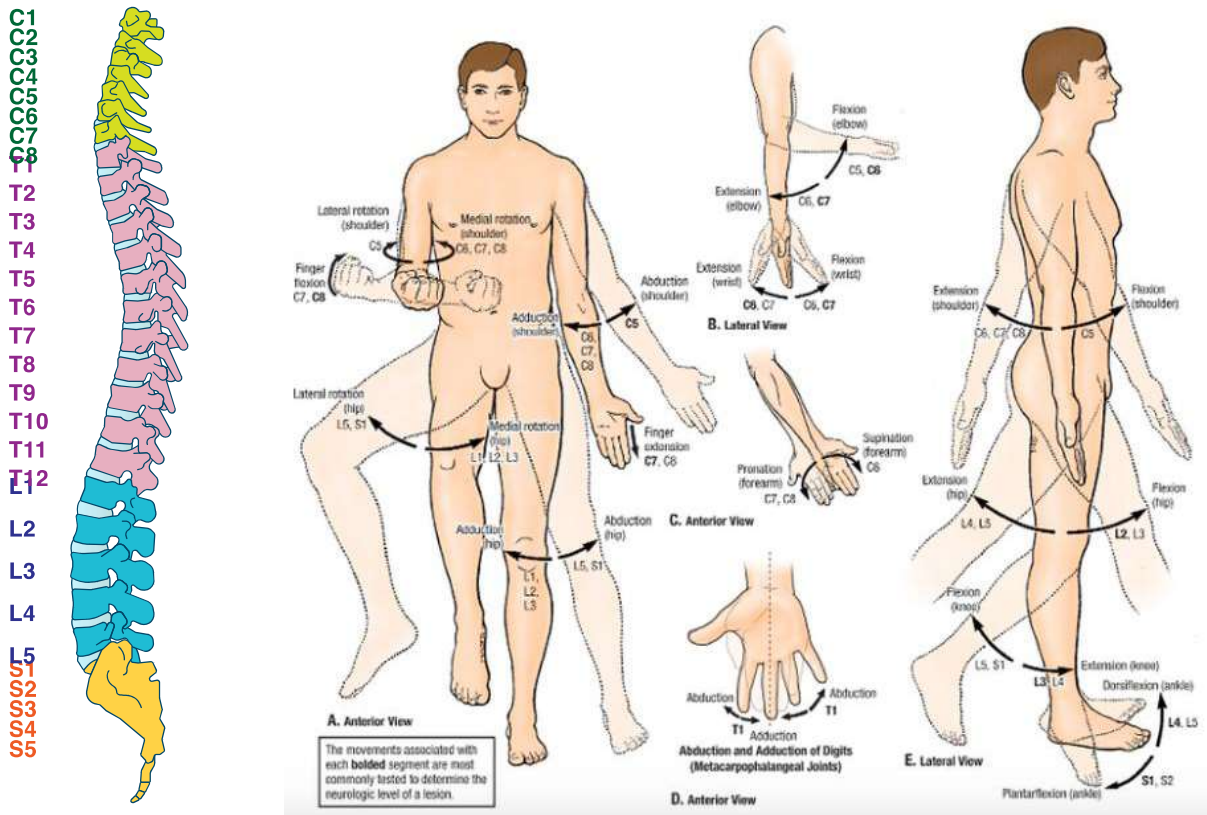


# Myotome Chart



Upper extremity	Lower extremity	Other myotomes
<ul style="list-style-type: none"> <li>• <b>C2 &amp; C3</b>: Neck side flexion</li> <li>• <b>C4</b>: Shoulder elevation</li> <li>• <b>C5</b>: Shoulder abduction</li> <li>• <b>C6</b>: Elbow flexion, wrist extension</li> <li>• <b>C7</b>: Elbow extension</li> <li>• <b>C8</b>: Thumb extension, ulnar deviation</li> <li>• <b>T1</b>: Finger abduction, abductor pollicis brevis</li> </ul>	<ul style="list-style-type: none"> <li>• <b>L1 &amp; L2</b>: Hip flexion</li> <li>• <b>L3</b>: Knee extension</li> <li>• <b>L4</b>: Knee extension, Ankle dorsiflexion</li> <li>• <b>L5</b>: Big toe extension, ankle eversion</li> <li>• <b>S1</b>: Ankle plantarflexion, ankle eversion</li> <li>• <b>S2</b>: Knee flexion</li> </ul>	<ul style="list-style-type: none"> <li>• <b>L4-L5</b>: Inversion of the foot</li> <li>• <b>L5-S1</b>: Abduction of the thigh</li> <li>• <b>S2-S3</b>: Adduction of the toes</li> <li>• <b>S3-S4</b>: Anal sphincter contraction</li> <li>• <b>S3-S5</b>: Rectal and bladder function</li> </ul>

While these myotomes are strongly associated with the listed muscle movements, there can be some overlap due to the complex innervation of muscles by multiple spinal nerve roots.

## Additional notes

Keep in mind that myotome testing can sometimes show overlapping results because muscles often receive input from multiple spinal nerve roots. Ensure thorough testing for clarity and consistency, especially if there's any uncertainty or discrepancy between movements. It's also a good idea to note any asymmetry in strength when comparing sides. Always document your findings carefully to assist with follow-up assessments and treatment planning.

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