Basic Work-Up	Peripheral Neuropathy
- Labs:	UT Southwestern Medical Center
- fasting glucose	Mike Singer, MD, PhD
- vitamin B12 level	Vivyenne Roche, MD Version 1.0
- SPEP	
- TSH	History
- RPR	I. Are you having pain, numbness, or loss of feeling?
	2. What parts of your body are affected?
- Nerve conduction study especially helpful if:	3. Have you had any weakness?
- significant weakness	4. How long have the symptoms been present?
- rapid worsening	5. Do you have difficulty walking or maintaining your balance?
- cause unknown	
Treatment	Focused Exam
Basics	Strength
- foot care for all patients	Upper Extremity
- physical therapy as needed	- finger flexion
- pain relief as needed	- finger abduction
	- flexion and extension at the elbows
Nonpharmacologic pain treatments	- abduction at the shoulders
- biofeedback	
- cognitive-behavioral therapy	Lower Extremity
- TENS unit	- toe extension
	- flexion and extension at the knee
Topical pain treatments	- flexion at the hip
- capsaicin cream	
- lidocaine patches	Sensation
	- pinprick, checking distal to proximal sensation
Medications	- vibration at the great toes (\geq 8 seconds) and thumbs (\geq 16 seconds)
- venlafaxine (\$\$\$\$)	
- duloxetinte (\$\$\$\$)	Reflexes
- gabapentin(\$\$\$\$)	Upper Extremity
- pregabalin(\$\$\$\$\$)	- biceps
	- triceps - brachioradialis
CTOD Avoid: Amitriptylline	
STOP Avoid. Annucipatione	Lower Extremity
	- knees
	- ankles (may be absent even in healthy elderly patients)
VIELD Caution: Opiates	- anxies (may be absent even in nearby eiden y patients)
SPEED LIMIT Remember, start low and go slow, but get there!	
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