

iyano.org : Signs and Reflexes of the Upper and Lower Limbs

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Clinically Important Reflexes and Signs to check for in a person with neurological symptoms

1. Upper Limb

1.1. Reflexes

Reflex Name	What to do?	Response
Bicipital	Strike the examiner's finger placed on the tendon of the biceps over the cubital fossa	arm flexes
Tricipital	strike the tendon of the triceps just above the olecranon	the arm extends
Styloradial	strike 1 to 2 inches above the radio-ulnar joint on the radial side of the arm	fingers flex
finger flex reflex	strike the fingers of the examiner placed on the partially flexed fingers of the patient on the palmar side	fingers flex

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1.2. Spastic Pyramidal Signs

Sign	What to do	What to expect
Juster's Sign	Flick the palmar surface of the little finger side on the palm	fingers flex
Hoffman's Sign	Flick the middle finger into flexion	the index and thumb flex too
Raduvici-Marinescu's sign	Flick the thenar eminence	there is twitching of the chin
Tromner's Sign	Flick the middle finger into extension	the middle, index and thumb flex

1.3. Paretic Pyramidal Signs

Sign	What to do	What to expect
Mingazinni's Sign	Patient outstretches their arms	The affected side droops
Hanzal's Sign	Same as Mingazinni's sign (the patient outstretches their arm)	The hand droops; suggests a less severe or more distal injury
Retardation Test	The patient is asked to perform back and forth movements	One or both sides are slow

2. Lower Limb

2.1. Reflexes

Name	What to do	What to expect
Patellar Reflex	Strike the patellar tendon	The leg extends
Achilles Tendon Reflex	Strike the Achilles Tendon	Plantar Flexion of the foot

2.2. Pyramidal Signs

Sign	What to do	What to expect
Babinski's sign	Stroke the plantar surface of the foot from the heel towards the little finger and then towards the toe	The toe extends while the other fingers fan out.
Mingazzini's Sign	The patient lies supine (face up) and then gets into a sitting position while lying down	The patient closes their eyes and they can't hold their leg (or leg) in the position and it slowly (or rapidly depending on the severity) droops down.