

Jones's Rule

Corollary to Jones's Rule

Jones's Sign

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Any ST depression on the ECG of a patient with chest pain compatible with an acute coronary syndrome should be considered a *reciprocal change* to an acute epicardial ischemia (STEMI) *until proved otherwise!*

Corollary to Jones's Rule

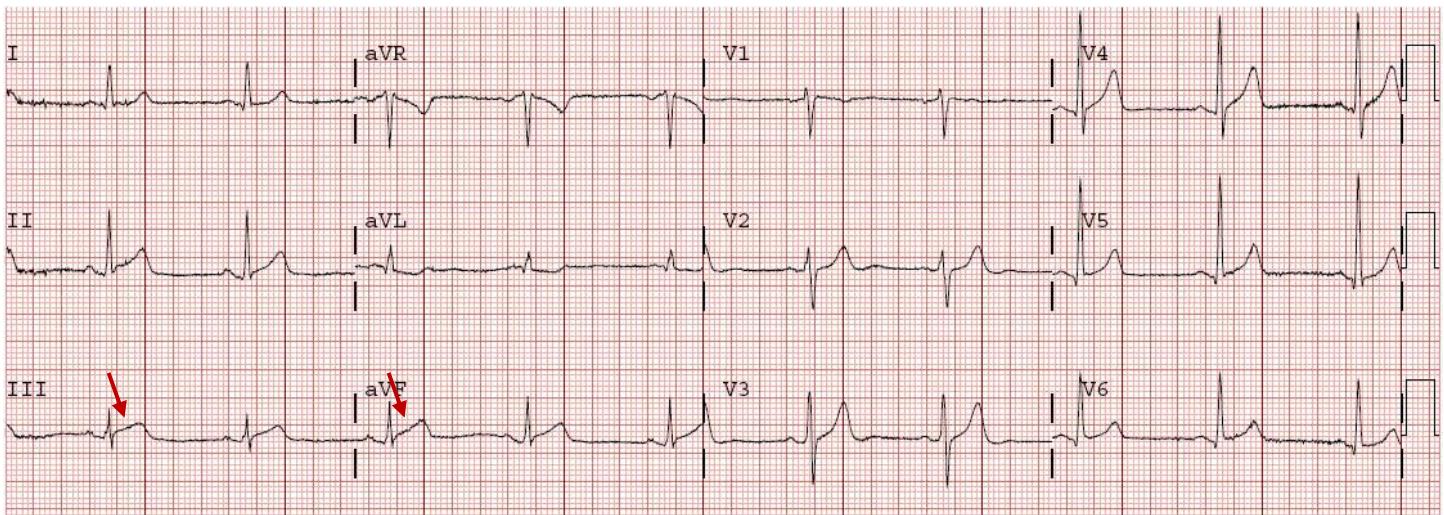
The ST depression of a reciprocal change may appear *before the ST elevation is discernible* and – even when both are present – *the reciprocal change may be more impressive*. Remember: the ST elevation is pointing to where the problem is!

Jones's Sign

This sign has been around for many, many years but I always felt that it did not receive the attention that it deserved. It was usually mentioned very casually and often just in passing, but I feel that it is a very important sign. In fact, I spoke about it so much during one of my classes, the students began referring to it as “Jones’s Sign.” And that’s how I continue to refer to it during my courses – the ***Advanced ECG Interpretation Boot Camp*** and ***The Masterclass in Advanced Electrocardiography***.

During an acute epicardial ischemia, as the ST segment transitions from a normal, gradually upward-sloping, concave segment to an upwardly convex elevated ST segment, it has to pass through a moment in which the ST segment has become straight from the J-point to the peak of the T wave. That is **Jones's Sign**. Here is what it looks like:

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This represents an ST segment “on the move upward.” Obviously, I refer to it only during times when I suspect an acute coronary syndrome. Is it absolutely diagnostic... pathognomonic for an acute MI? No! **But you should strongly consider the possibility of an acute MI in the early stages if you encounter this sign!**

Don’t Believe Everything You Read...

Take a look at this ECG and the caption accompanying it (I am reproducing this without any identifying data because this reproduction is *not* a complimentary statement):

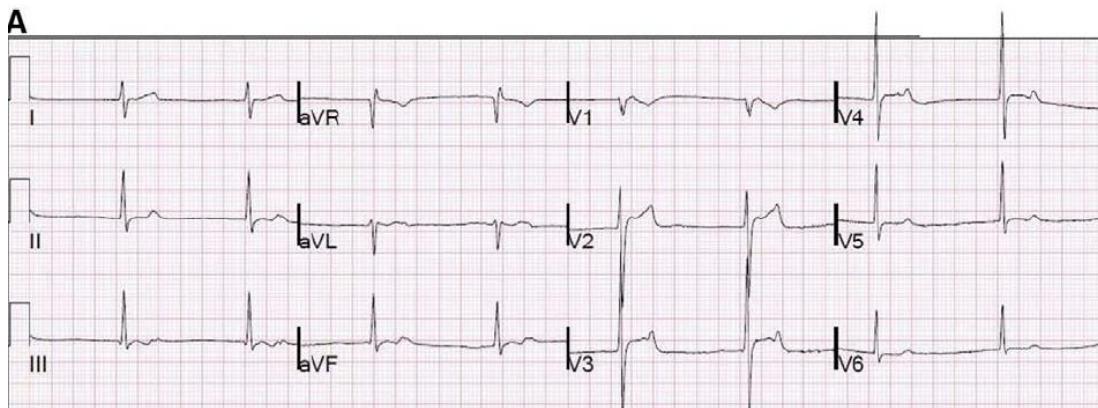


Figure. A, ECG showing junctional rhythm with tall, deformed T-waves. **B,** ECG

I don’t know about YOU, but I’m still looking for those “**tall**, deformed T-waves.”

The ECG above is from an article on hyperkalemia as well, demonstrating a hyperkalemic Brugada phenotype (not a very good example). I’m not sure why they think that the rhythm is junctional. Atrial depolarization can completely disappear from the ECG while the QRS remains narrow and the rhythm becomes *sinoventricular*. Oh well...