

DME4115 – CLINICAL SKILLS: NEUROLOGICAL EXAMINATION

INTRODUCTION	Done (2)	Incorrectly Done (1)	Not Done (0)
Greets, Introduces self, ask for pt name and ID, explains exam and obtains consent.			
Washes hands and Gathers equipment (coffee, lemon, patella hammer, fundoscope, tuning forks, snellen charts etc.)			
Prepares environment (Ensures privacy, asks for chaperone etc.)			
GENERAL APPEARANCE			
Observes patient for habitus, posture, level of comfort, and signs of distress			
Observes skin for café au lait spots, hyperpigmented/hypopigmented changes, facial appearance for facial asymmetry, masked facies etc			
. MENTAL STATUS AND HIGHER COGNITIVE FUNCTION			
Observes level of consciousness (alert, lethargy, obtundation, stupor, coma) Confusion, delirium, affect, mood etc.			
Orientation to Time, Place, Person and Self			
Memory (recalling words)			
Attention and Calculation (spelling word backwards or counting backwards)			
CRANIAL NERVES EXAMINATION			
OLFACTORY (I):			
Tests patency bilaterally			
Tests each nares with familiar scent like coffee, lemon/orange, onion etc. (eyes closed)			
OPTIC (II):			
Tests visual acuity (Snellen and Jaegers) (OD, OS, OU) <i>AAs to explain recording and interpretation of VA. Explain how VA can be checked if pt. unable to see from 6m</i>			
Checks colour vision – mentions			
Visual fields Screening (by confrontation) – <i>bilateral</i>			
Fundoscopy exam (mention during testing) <i>AAs to explain how to perform fundoscopic exam</i>			
OCULOMOTOR, TROCHLEAR & ABDUCENS (III, IV, & VI)			
Checks pupil size & shape			
Checks direct and consensual pupillary reflexes			
Tests accommodation and convergence			
Tests EOM movement.			
Tests for Nystagmus (horizontal and vertical)			

TRIGEMINAL (V)			
Tests sensation in 3 areas with light touch			
Tests muscles of mastication			
Tests corneal reflex			
FACIAL (VII)			
Inspects for facial symmetry			
Tests muscles of facial expression – smile			
Wrinkle brows			
Tests taste sensation (anterior 2/3 of tongue)			
VESTIBULOCOCHLEAR (VIII)			
Tests gross hearing bilaterally			
Tests lateralization (Weber's test)			
Tests bone vs air conduction (Rinne's test)			
GLOSSOPHARYNGEAL AND VAGUS (IX and X)			
Observes swallowing			
Observes uvula and palate during phonation			
Elicits gag reflex (if pt. is unconscious)			
SPINAL ACCESSORY (XI) Test muscles against resistance			
Shoulder shrug			
Head tilt			
HYPOGLOSSAL (XII)			
Observes protruded tongue and side to side.			
MOTOR SYSTEM			
Inspects for muscle bulk, fasciculation, scoliosis and contractures			
Palpates muscle bulks and measures muscle mass			
Upper extremities			
Lower extremities			
Assesses muscle tone			
Upper extremities			
Lower extremities			
Range of Motion			
Upper extremities			
Lower extremities			
Test muscle groups against resistance (MRC Grading)			

Upper extremities					
Lower extremities					
CEREBELLAR EXAM					
Tests point-to-point UE bilat. tests finger to nose					
Tests point-to-point LE bilat. tests heel to shin					
Checks for Dysdiadochokinesia					
Romberg— <i>feet together, arms at sides; with eyes closed-PROTECT patient from harm (Is a test of Proprioception)</i>					
Checks pronator drift -- <i>arms extended, palms up</i>					
Rebound Phenomenon					
Observes Normal walking and Tandem Walking					
Gait (Hemiplegic, Ataxic, Stomping gait etc.) and Involuntary Movements (tremors, chorea etc.)					
SENSORY SYSTEM (Eyes closed)					
Tests for light touch bilaterally with pts. Eyes closed					
Upper extremities					
Thorax					
Abdomen					
Lower extremity					
Tests vibratory sense bilaterally (pt. eyes closed) with 128Hz tuning fork					
Upper extremities – any DIP joint					
Lower extremities – IP joint of big toe					
Tests proprioception sense (explains test to pt. before asking to close eyes)					
MCP joint of index fingers					
MTP joint of big toes					
Checks for stereognosis and graphesthesia					
Checks for two point discrimination					
REFLEXES – BILATERALLY AND GRADING					
Tests DTRs: compare sides with distraction					
Biceps (C5, 6)					
Triceps (C6, 7)					
Brachioradialis (C5, 6)					
Patellar (L2, 3, 4)					
Achilles (L5, S1, S2)					
Tests plantar response (Babinski) with pt. supine					
Elicits Hoffman Sign					
Special Tests: Meningeal Signs					
Tests Kernig's sign – <i>knee extension with hip flexed</i>					
Tests Brudzinski's sign – <i>flexes neck</i>					
FAST-stroke assessment					
Thanks Pt., Explains findings and Documents					

FURTHER READING

- How to assess visual activity in a person who cannot read at 6m Snellen's chart
- Components of accommodation
- Upper motor neuron lesion vs Lower motor neuron lesion
- Sensori-neural deafness vs conductive deafness