

Unlocking the neuro exam



Speech and Language

your history is the starting point

- dysphasia**
 - receptive
 - expressive
- dysarthria**
- dysphonia**

Acuity

A	Top line is 6/60
H D	6/36
P N F	6/24
X U A D	6/18
A Z N T D	6/12 at this level of unaided vision many social activities are possible without glasses
H U X P C	6/6 is 'normal' eyesight
N C A F D	
E C P F N T O	6/5

one eye at a time
glasses on
pin hole correction
if no glasses

Visual assessment

Acuity

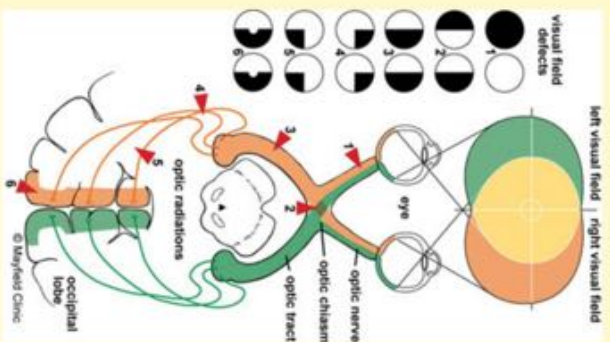
Movements

Fundi

Fields

Pupils

Fields

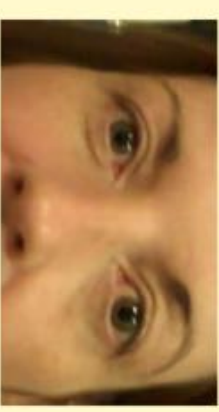
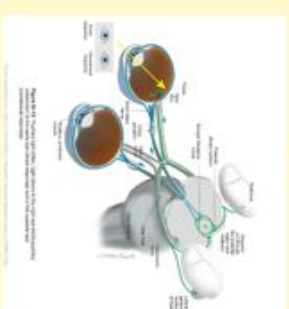


- eyes level; equidistant
- cover one eye
- go slowly
- 4 quadrants

(can do blind spot)

Pupils

light & accommodation



Movements

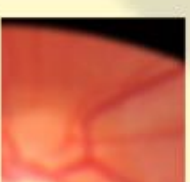
look left, look right

follow my pen

look at my pen; look at my nose

- look for misalignment - primary position
- look for eye muscle weakness
- look for dysconjugate gaze- INO
- look for ataxia - nystagmus; overshoot (hypermetria)

Fundi



power

MRC grade

- 5 = normal
- 4 = mild weakness - outmpt needed to overcome
- 3 = moderate weakness - easy to beat
- 2 = severe weakness - can't beat gravity
- 1 = flicker
- 0 = well ... zero

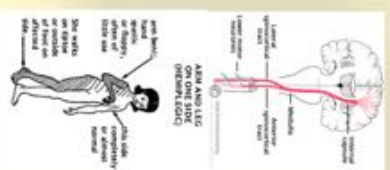
patterns

proximal
distal
global
pyramidal/UMN



patterns

proximal
distal
global
pyramidal/UMN



reflexes

absent = peripheral
increased = central

it takes practice



Hoffman's finger jerks

coordination

already done some of this - speech, eyes

- chase my finger - look for overshoot (dysmetria)
- finger-nose - look for dysmetria, intention tremor
- rapid tapping - listen for irregular rhythm
- alternating tapping - dysdiadochokinesia

sensation

"if all else fails, examine the sensory system"

Dr Neil Archibald

- the longer you spend on this, the less it helps
- four main sensory modalities

- pain
- temperature
- vibration
- joint position
(light touch is useless)



- pain & temp travel together in the spine (spinothalamic)
- vibration & JPS travel together in the spine (dorsal columns)
- we'll cover this later, but trust me, it can be helpful to know

Gait

always watch your patient walk
and stand, if they can manage it



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