Kindly forward this to your collegues

CNS examination notes from Prof Bhatt SM

Introduce yourself to examiner

Introduce yourself to patient

Greet patient bilateral upper limbs to assess thoracic spine

Listen to speech

Draw curtains/screen the patients

Ensure patient is near to you so you don't have to stretch

Observe around the patient..especially catheterisation or urine bag/walking aids...patient is bed ridden or incontinent.

Inspection

Ask patient to try and move limbs to assess for which kind of weakness patient my have

Attitude or rotation of limb

Foot drop

Compare muscle bulk on each side..could be due to disuse or muscle atrophy

Measure muscle bulk on each side..use patellar or tuberosity as a marker

Mention dry skin..to point out autonomic dysfunction

Hair distribution

Scars

Pressure sores all pressure points

Palpation..always look at the patient while conducting the examination

Tenderness

Muscle bulk...how quickly can you feel the bones

Percussion

Fasciculations Vs fibrillations

Tone..leg roll on quads.. compare bilaterally then at ankle joint and knee joint complete extension and flexion

Power

Comparing normal to abnormal

Be clear on words... medical terms..

know which muscles are you testing

Be clear on muscle grades

Clonus

If unsure do reflexes to confirm which is hyper or hypotonic specifically knee jerk

Then ankle jerk..

But if tone is clear do superficial then deep reflexes

Plantar reflexes.. plantar response can be extensor, plantar or equivocal (babinski but don't use the word babinski)

For reflexes check which segment you are checking

When you check plantar which other muscles contract

Sensory examination

Ask about heat/cold perception on both sides

Show patient cotton wool explain what it is.. put on forehead or sternum with eyes open and eyes closed so patient can recognise what you are doing

Say that you are starting with lower limbs and patient to say when she doesn't feel.. specifically difference in sensation

Sensory levels

Light touch... use cotton wool

Establish a level where she feels the same on both sides

Read on dermatomes

Can go two dermatomes up and down.. if asked for investigation specify eg mri of thoracic spine

Umnl where is the lesion up-to?anterior horn cell

Establish sensory level

Posterior columns, first proprioception stabilise the joint then move toe

Vibration.. same as cotton wool approach.. explain to patient

two point discrimination

Stand patient.. rhomburgs sign..gait..heel shin test

Thank patient then thank examiner

All long case consider fundoscopy

Diagnose optic atrophy