

### **Examination Skills**

Lilleker & Dodd

(with thanks to Matt Jones)





#### Disclosures



#### **JBL**

No relevant disclosures

#### **KCD**

- Travel expenses and honoraria from UCB
- Research funding from NorthCare, Myaware and Neuromuscular Study Group

# What constitutes the Essential Neurological Examination?

#### The essential neurologic examination

What should medical students be taught?

Fraser G.A. Moore, MD, FRCPC Colin Chalk, MDCM, FRCPC

Address correspondence and reprint requests to Dr. Fraser Moore, 3755 Côte-Sainte-Catherine E-005, Montréal, QC H3T 1E2 Canada fraser.moore@mcgill.ca

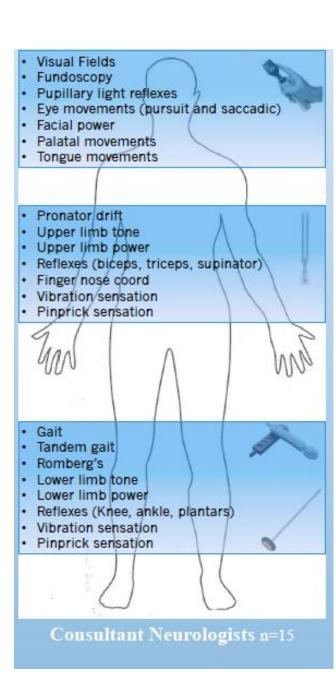
#### **ABSTRACT**

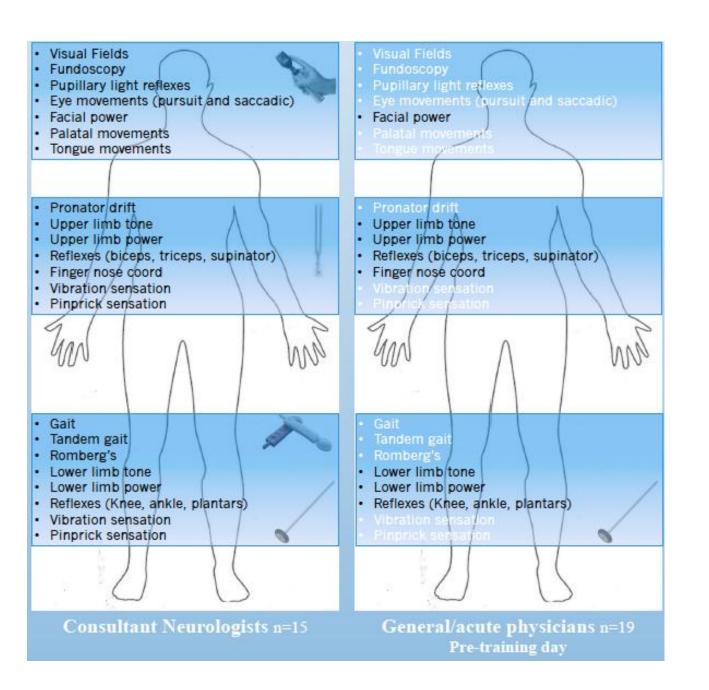
**Background:** Graduating medical students often identify the neurologic examination (NE) as one of the clinical skills with which they are least comfortable. We hypothesized that this is because they are unsure about which elements of the NE are important, and conducted a study 1) to identify whether neurologists agree about the essential elements of the NE and 2) to determine whether the views of medical students about what is essential differ from those of neurologists.

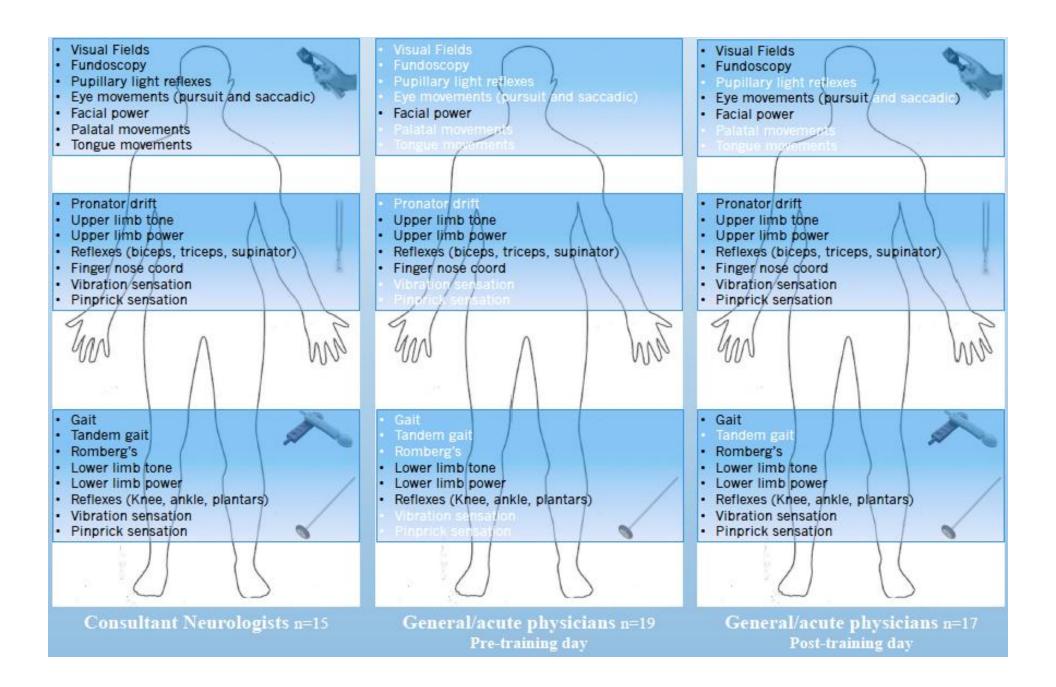
**Methods:** Using a Delphi process, we asked McGill University neurologists which elements of the NE they would perform at least 80% of the time in a common clinical scenario. We confirmed the results in a sample of Canadian neurologists, and then compared the results of the McGill neurologists to a sample of graduating McGill University medical students.

**Results:** The neurologists surveyed rated 22 items of the NE as essential, and there was a high degree of consensus about which items were essential. Medical student ratings of the importance of NE items were largely similar to those of the neurologists, although there were some noteworthy discrepancies.

Conclusions: The anxiety felt by medical students regarding the neurologic examination (NE) seems unlikely to be solely due to uncertainty about which elements of the NE are important. Expert consensus about the essential elements of the NE and awareness of areas where neurologist and student views differ should be used to guide teaching of the NE. Neurology® 2009;72:2020-2023







#### What data do we need to localize?

#### **Cranial Nerves**

- Fields
- Pupils and fundus
- Eye mvmts
- Facial power and sensation
- Speech
- Tongue movements

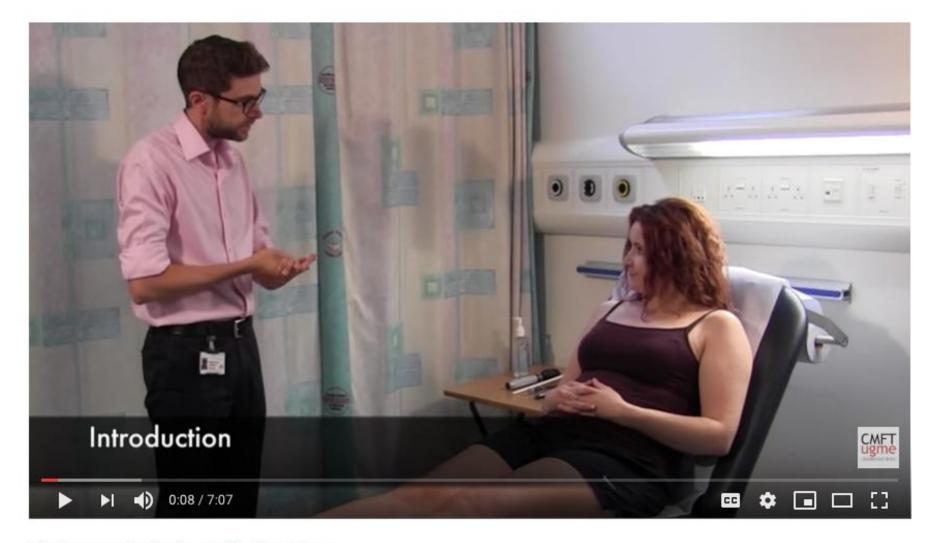




#### Limbs x 4

- Wasting /fasciculation
- Tone
- Power
- Reflexes
- Coordination
- Pin prick
- Vibration +/- JPS





Basic neurological examination demo

16,592 views





brief neuro exam

680,615 views



# Is this always enough?

### Where's the lesion?

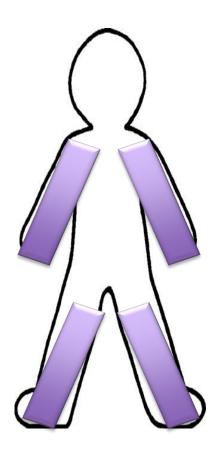




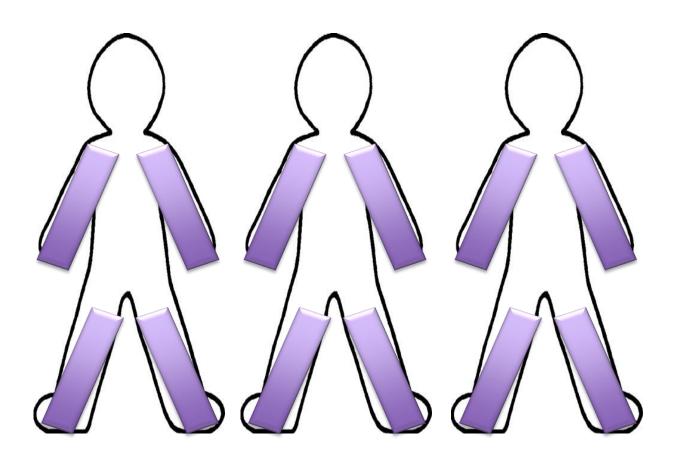
Now where's the lesion?

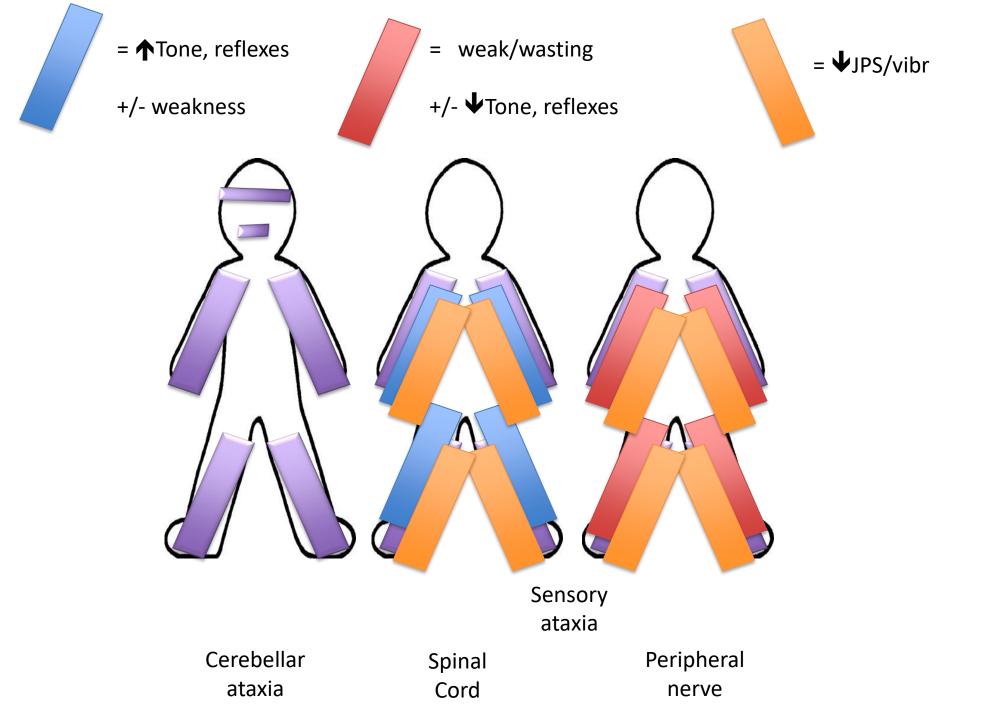




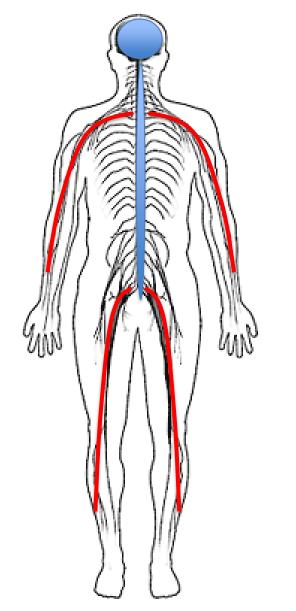








#### Ataxia localisation



Cerebellum

Spinal cord (posterior column)

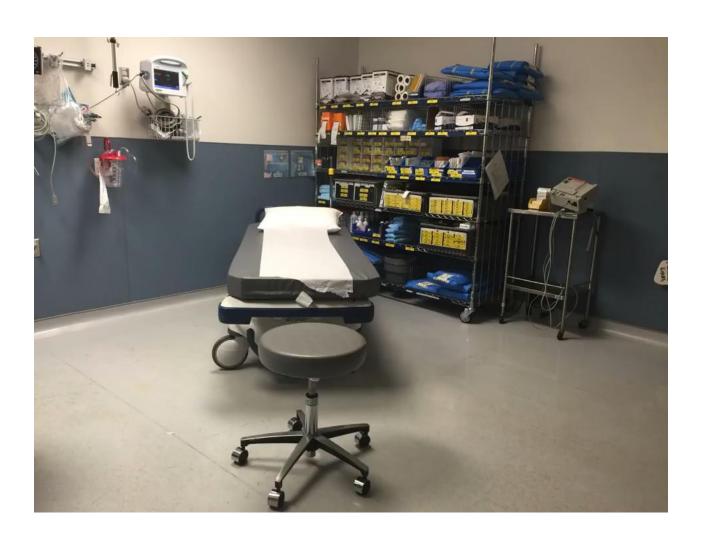
Peripheral nerve (large fibre)

### Vertigo

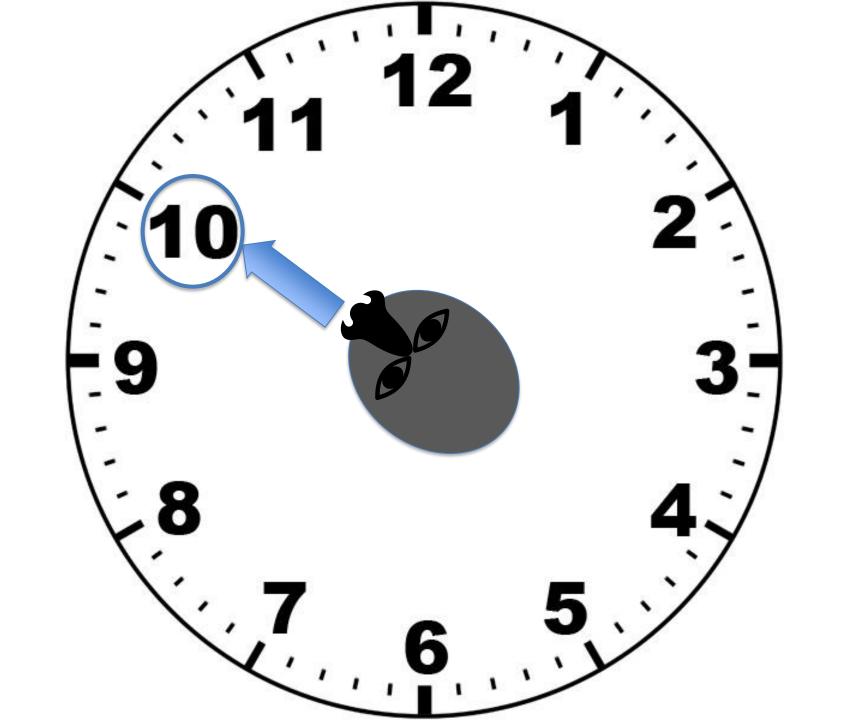
The patient with episodes of acute vertigo and unsteadiness...

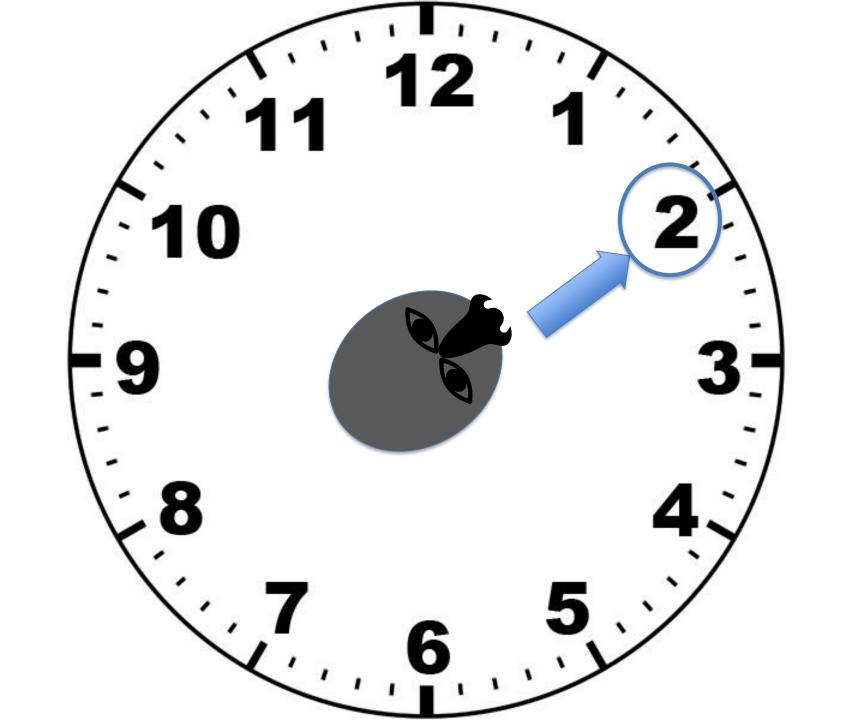
 When seen in MAU they have mild dysequilibrium but basic neuro exam is normal

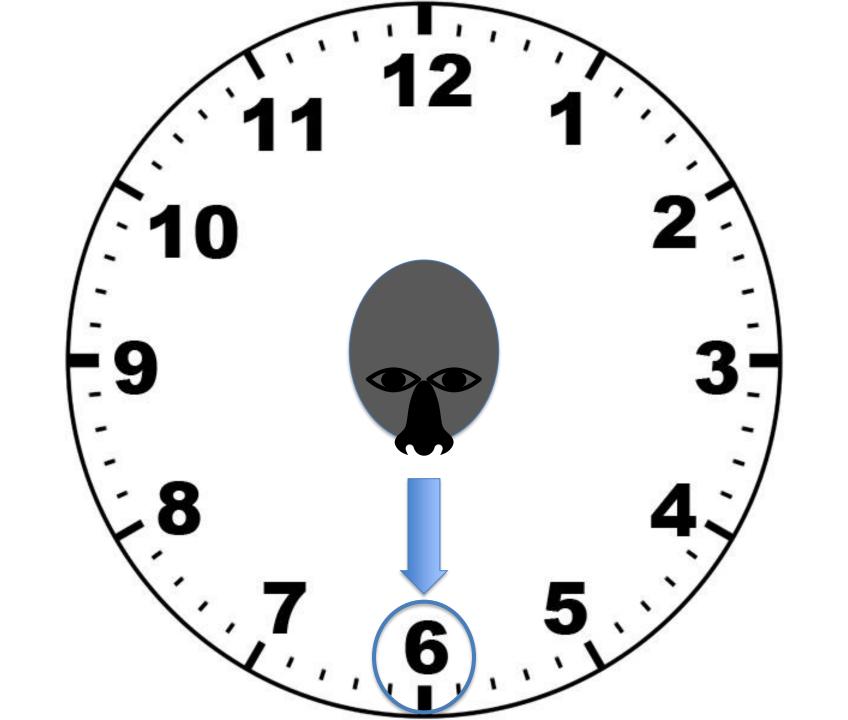
# Vertigo



Google: Peter Johns YouTube







### More Vertigo

The patient with persistent vertigo and unsteadiness for 12 hours...

 When seen in MAU they complain of vertigo, are unsteady and have some nystagmus on horizontal gaze

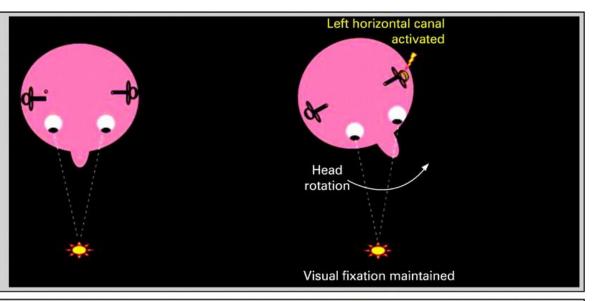
# More Vertigo



Google: Peter Johns YouTube

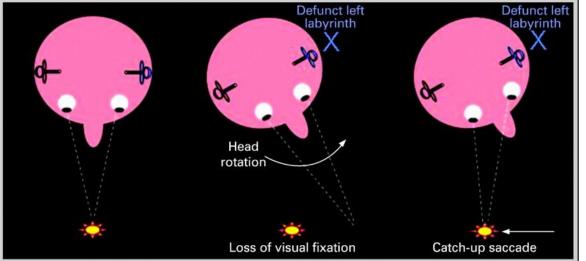
#### Vestibular-ocular reflex (VOR) physiology made simple.

The normal state. Head movement towards a canal (yellow in figure) will cause (i) activation of that canal (ii) reflex movement of the eyes in the opposite direction—that is, away from the canal.



The pathological state and the basis of the head-impulse test.

Head movement towards a defunct canal (blue in figure) will result in failure of activation of the VOR and thus the visual target will be lost from fixation during sudden head movements. In the head impulse test, the examiner turns the patient's head with a high acceleration but low amplitude head thrust, in this case to the patient's left. A positive test is observed when the patient makes a catch-up saccade to re-fixate the visual target (usually towards the examiner's nose).



B M Seemungal, and A M Bronstein Pract Neurol 2008;8:211-221

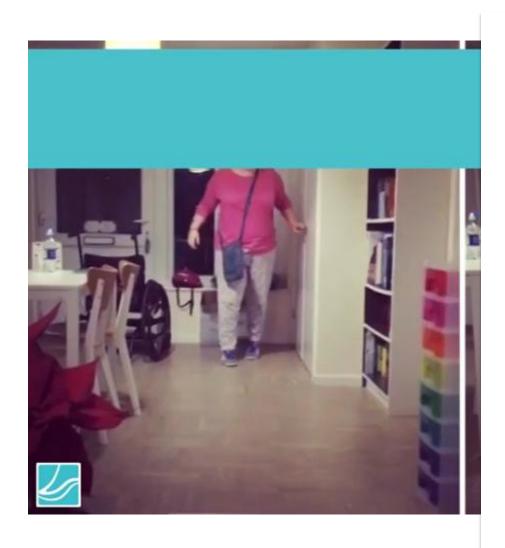


### More Vertigo

#### Summary of The Big 3 of Vertigo An initial approach to the undifferentiated vertigo patient

Peter Johns MD, FRCPC
Assistant Professor
Department of Emergency Medicine
University of Ottawa

### Even more vertigo...



Admitted 3 months ago with acute vertigo

Diagnosed with Vestibular Neuritis (HIT +ve)

Minimal improvement

Increasingly disabled by unsteadiness whilst walking

Now: no nystagmus, HIT -ve

What is the clinical sign?

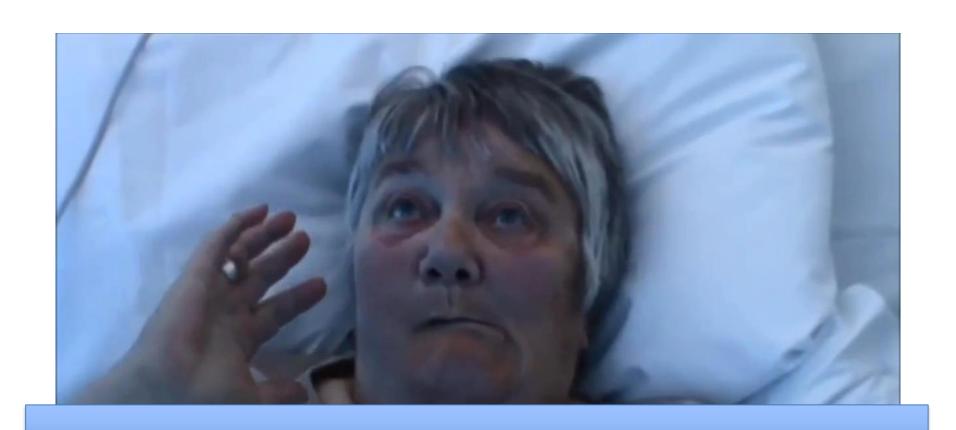
What is the diagnosis?

- Persistent Postural Perceptual Dizziness
  - With Functional Gait Disorder

#### **Secondary Effects** Persistent postural-perceptual dizziness Neck stiffness Fear of falling **Fatigue** Gait disorder Agoraphobia Dissociation **Predisposing Factors** Neurotic personality Pre-existing anxiety disorder **Provoking Factors** Upright posture Top-down Moving about Increased Visual stimuli distortion of introspective **Dizzying Trigger** self-monitoring afferent signals Vestibular crisis Maladaptation Presyncope Panic attack Perception of High-risk postural dizziness and control strategies unsteadiness **Acute Adaptation** High-risk postural control strategies Visual-somatosensory dependence **Re-Adaptation** Environmental vigilance Recovery Vestibular habituation exercises Neuro-otological Medication: SSRI/SNRI Normal Re-Adaptation Medical Cognitive-behavioural therapy **Psychological**

Stoyan Popkirov et al. Pract Neurol 2018;18:5-13





### Diagnosing Functional Disorders

#### Don't

- Assume that anything weird is functional
- Assume that anything you've never seen before is functional
- Rely on presence of psychiatric comorbidity
- Confuse it with malingering
- Make it a diagnosis of exclusion

#### Do

- Use positive signs to make a diagnosis
- Explain the diagnosis to patients they want to know...

### **Functional Weakness**



Test hip extension - it's weak

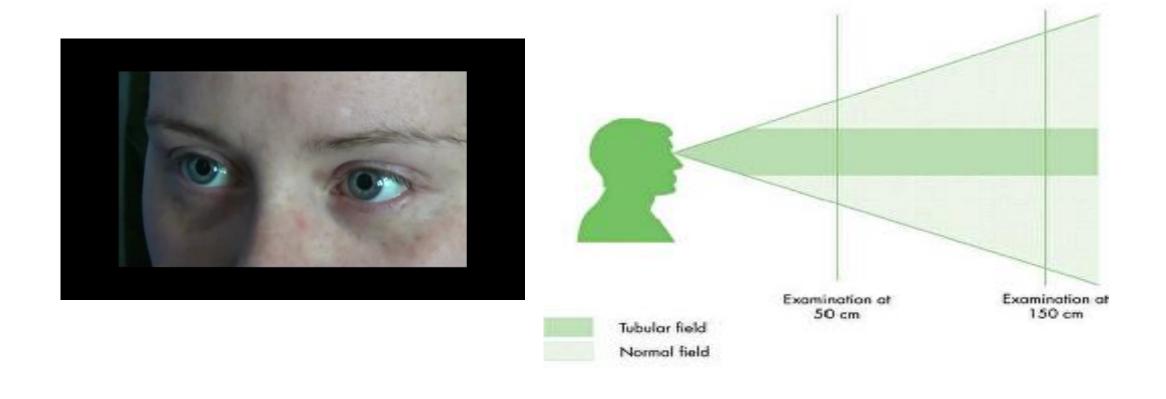


Test contralateral hip flexion against

### **Functional Tremor**



# Functional eye problems



## Questions