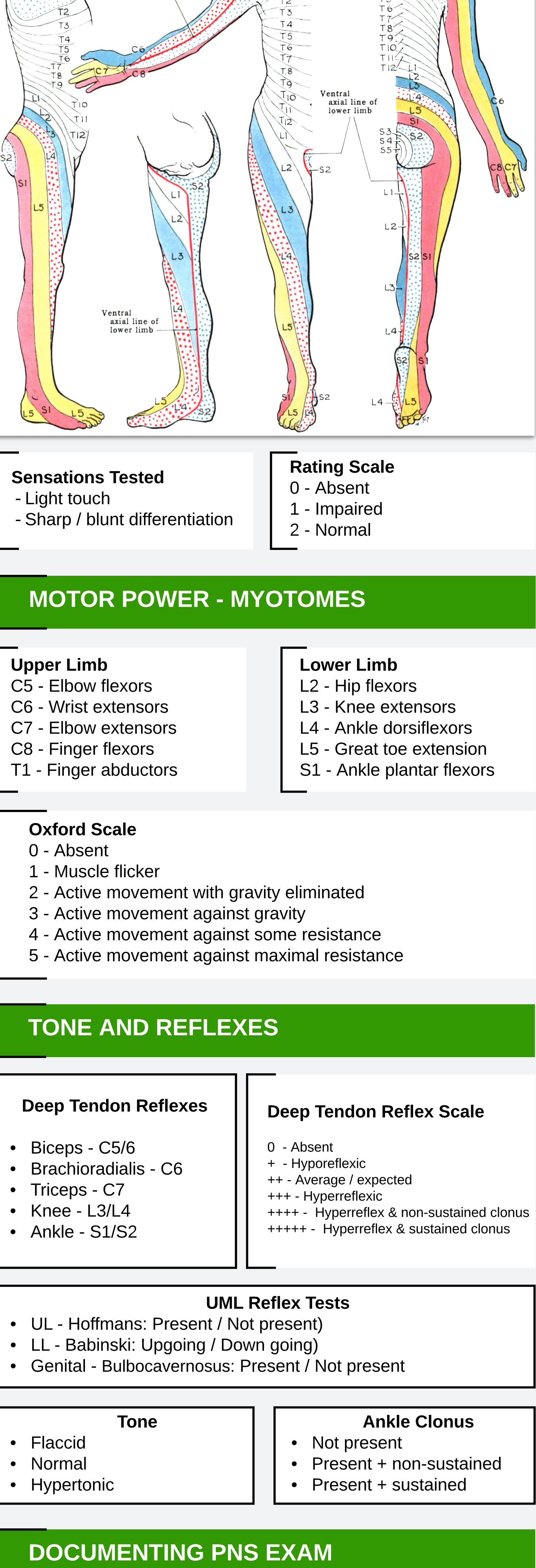


SENSATION - DERMATOMES



Sensations Tested

- Light touch
- Sharp / blunt differentiation

Rating Scale

- 0 - Absent
- 1 - Impaired
- 2 - Normal

MOTOR POWER - MYOTOMES

Upper Limb

- C5 - Elbow flexors
- C6 - Wrist extensors
- C7 - Elbow extensors
- C8 - Finger flexors
- T1 - Finger abductors

Lower Limb

- L2 - Hip flexors
- L3 - Knee extensors
- L4 - Ankle dorsiflexors
- L5 - Great toe extension
- S1 - Ankle plantar flexors

Oxford Scale

- 0 - Absent
- 1 - Muscle flicker
- 2 - Active movement with gravity eliminated
- 3 - Active movement against gravity
- 4 - Active movement against some resistance
- 5 - Active movement against maximal resistance

TONE AND REFLEXES

Deep Tendon Reflexes

- Biceps - C5/6
- Brachioradialis - C6
- Triceps - C7
- Knee - L3/L4
- Ankle - S1/S2

Deep Tendon Reflex Scale

- 0 - Absent
- + - Hyporeflexic
- ++ - Average / expected
- +++ - Hyperreflexic
- ++++ - Hyperreflex & non-sustained clonus
- +++++ - Hyperreflex & sustained clonus

UML Reflex Tests

- UL - Hoffmanns: Present / Not present)
- LL - Babinski: Upgoing / Down going)
- Genital - Bulbocavernosus: Present / Not present

Tone

- Flaccid
- Normal
- Hypertonic

Ankle Clonus

- Not present
- Present + non-sustained
- Present + sustained

DOCUMENTING PNS EXAM

UPPER LIMB

	RIGHT	LEFT
SENSATION		
TONE		
POWER		
REFLEXES:		
- BICEPS		
- BRACHIORADIALIS		
- TRICEPS		
HOFFMANS		

LOWER LIMB

	RIGHT	LEFT
SENSATION		
TONE		
POWER		
REFLEXES:		
- KNEE		
- ANKLE		
ANKLE CLONUS		
BABINSKI		

CEREBELLAR EXAMINATION - OVERVIEW

Gait

Normal gait + Heel-toe gait:

- Normal / balanced (-ve)
- Ataxic (+ve)
- Broad based (+ve)
 - unable heel-toe gait

Proprioception + Coordination

Romberg's

- Stable (-ve)
- Swaying + correction (-ve)
- Swaying no correction (+ve)

Speech

UL - Finger to nose (eyes closed):

- Coordinated (-ve)
- Uncoordinated (+ve)

Eye movements

LL - Heel to shin (eyes closed):

- Coordinated (-ve)
- Uncoordinated (+ve)

CRANIAL NERVES - OVERVIEW

1	Offactory	Sensory	Smell
2	Optic	Sensory	Vision - Acuity - Field of vision Pupillary reflex (sensory)
3	Oculomotor	Motor	Most eye muscles Pupillary reflex (motor) Accommodation
4	Trochlear	Motor	Internal and downward eye movement
5	Trigeminal	Both	Facial sensation Muscles mastication Corneal reflex (sensory)
6	Abducens	Motor	Lateral eye movement
7	Facial	Both	Facial expressions Corneal reflex (motor) Taste
8	Vestibulocochlear	Sensory	Hearing Balance
9	Glossopharyngeal	Both	Gag and swallow (sensory) Taste
10	Vagus	Both	Gag and swallow (motor) Speech (phonation)
11	Spinal Accessory	Motor	Sternocleidomastoid Rotate head away
12	Hypoglossal	Motor	Tongue movements Speech (articulation)

Quick testing of cranial nerves

QUICK TEST

CN

KEY FINDINGS

Patient closes eyes and asked to recognise smell i.e. coffee	1	- Lack of smell (neuro) - Constant foul smell (neuro or infection)
Visual fields (each eye) Visual acuity (snellen chart)	2	- Specific field loss - Acuity loss (eye pathology / neuro)
Pupillary reflex	2 / 3	- Abnormal pupil size (neuro / drug) - Non-reactive / unequal (neuro)
Eye movements following finger in 'H' shape	3 / 4 / 6	- Double vision during movements - 'Down and out' (CN 4) - Unable to lateral gaze (CN 6)
Sensation testing on face Clenching jaw	5	- Jaw weakness - Lack / unequal sensation
Facial expressions: - Eyes close / open - Smile - Blow out cheeks	7	- Facial drop - With Forehead sparing (Stroke) - Without (Bell's palsy)
Hearing both sides: - Whisper - Rub fingers / rustle paper	8	- Lack or unequal hearing (neuro / ear pathology)
Patient to swallow	9 / 10	- Unable / unequal swallow - Cough after swallowing
Patient to talk	10 / 12	- Expressive dysphasia
Patient turn head to one side, and the other Note: SCM moves head towards contralateral side	11	- Painless weakness (neuro) - Painful weakness (neck pathology)
Stick tongue out Move side to side	12	- Deviate to one side - Weak / unable to move towards one side