

Mental status examination in neurology

F.A. Davis - NeuroLogic Examination Videos and Descriptions: Mental Status > Abnormal

Table 1. Summary of Cognitive Screening Tools						
	Item	administer	Scoring	Scoring	Assess	Notes
Test	Initial Initial Initial Cognitive General level	5-10 5-10 5-10 5-10	50% (95% to 94%) 80% (84% to 85%) 80% (84% to 85%) Scored correctly language, memory, orientation, executive function	80% (95% to 94%) 80% (84% to 85%) 80% (84% to 85%) Scored correctly language, memory, orientation, executive function	Public domain Public domain Public domain Public domain	http://www.cinrest.org/jpnj/v1n1.pdf http://www.cinrest.org/jpnj/v1n2.pdf http://www.cinrest.org/jpnj/v1n3.pdf http://www.cinrest.org/jpnj/v1n4.pdf
Mac-Cog	5-5	95% (89% to 95%) 80% (74% to 85%) 80% (74% to 85%)	Scored correctly, memory, language, memory, orientation, executive function	Public domain Public domain Public domain	http://www.cognitivedisorders.com http://www.cognitivedisorders.com	mcog.pdf
McNaught Test	5-10	85% (70% to 85%) 80% (87% to 85%)	Administer language, memory, orientation, executive function	Paper/pencil Paper/pencil	http://www.cinrest.org/jpnj/v1n1.pdf http://www.cinrest.org/jpnj/v1n2.pdf	Public domain
Montgomery Cognitive Assessment	5-10	95% (84% to 95%) 80% (71% to 85%)	Administer score correctly language, memory, orientation, executive function	Public domain Public domain	http://www.montgomerycognition.com http://www.montgomerycognition.com	mcog.pdf
Information for reference: L and S						

Description: -

Sisal hemp.

Jewish families -- Religious life

Husband and wife (Jewish law)

Marriage (Jewish law)

Marriage -- Religious aspects -- Judaism

School prose.

Swahili essays.

Neurologic Examination.

Nervous System Diseases -- diagnosis.

Mental status examination.

Brain damage -- Diagnosis.mental status examination in neurology

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Notes: Includes bibliographies and index.

This edition was published in 1985



Filesize: 23.13 MB

Tags: #The #Mental #Status #Examination

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Writing is tested by having the patient sign his name, generate spontaneous sentences, or describe an object in writing.

The Mental Status Examination in Neurology

The character Fanny in Jane Austen's Mansfield Park reflects upon this faculty: If any one faculty of our nature may be called more wonderful than the rest, I do think it is memory.

The Mental Status Examination

Memory can be grouped simplistically into three subunits: immediate recall, short-term memory, and long-term storage. Overall motor activity should also be noted, including any tics or unusual mannerisms. The speech in patients with such lesions is labored, slow, often ungrammatical, and often displaying impaired articulation.

Mini

The successful clinician must develop a style in which much of the mental status examination is performed through relatively unstructured observations made during the routine history and physical. The angular gyrus seems to mediate between visual and auditory centers of the brain, and lesions here have the effect of disconnecting auditory from written language.

The Mental Status Examination in Neurology

Such dysfunction may be etiologic in the dementia syndrome of depression.

How to Assess Mental Status

This can be an early finding of inferior parietal lobe dysfunction. The more common of these are ideomotor apraxias wherein the patient can initiate movements and manipulation of objects but is unable to pretend a given action. Short-term retention requires that the patient process and store

information so that he or she can move on to a second intellectual task and then call up the remembrance after completion of the second task.

The Mental Status Examination in Neurology, 4th Edition by Richard Strub, M.D. & F. William Black, Ph.D.

When examining patients with reduced levels of consciousness, noting the type of stimulus needed to arouse the patient and the degree to which the patient can respond when aroused is a useful way of recording this information. An ideal test of attentiveness should assay concentration on a simple task, placing minimal demand on language function, motor response, or spatial conception. A patient with dysfunction in which of the following CNS areas is most likely to present with facial and body numbness on the same side, plus an inability to perceive multiple stimuli of the same type simultaneously? Affect is inappropriate when there is no consonance between what the patient is experiencing or describing and the emotion he is showing at the same time e.

The Mental Status Examination in Neurology, 4th Edition by Richard Strub, M.D. & F. William Black, Ph.D.

It is beyond the scope of this chapter to consider this broad topic; however, some recent efforts to simplify and systematize the cognitive portion of mental status testing will be of interest and use to the primary-care physician.

Related Books

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