

Please affix Candidate sticker here

STATION 1a - NEUROLOGICAL EXAMINATION: CRANIAL NERVES

MARKSHEET

| | Marks | Score |
|--|-------|-------|
| Introduction | | |
| Introduces themselves and gains consent for examination | 1 | |
| Hand hygiene (with prompting – 0) | 1 | |
| Eyes | | |
| Direct papillary responses to light | 1 | |
| Consensual papillary responses to light | 1 | |
| Visual fields (monocular or binocular) | 2 | |
| Technique – Appropriate positioning and technique | 1 | |
| Horizontal and vertical pursuit movements | 2 | |
| Asks about diplopia or comments on nystagmus | 1 | |
| Face | | |
| Light touch of all 3 divisions of trigeminal nerve, comparing sides | 3 | |
| Asks patient to lift eyebrows and to screw up eyes | 2 | |
| Asks patient to smile (or blow out cheeks/show platysma) | 1 | |
| Mouth | | |
| Observe uvula with 'arrgh' using pen torch | 1 | |
| Tongue protrusion and left/right movements (gag testing is not required) | 2 | |
| Accessory | | |
| Shrug shoulders/head turning against pressure | 2 | |
| Summary of findings | | |
| Concise (2), accurate but not concise (1) | 2 | |
| Differential diagnosis (1) correct (2) | 2 | |
| Total | | |

Overall impression;

| | |
|------------|--|
| Excellent | |
| Pass | |
| Borderline | |
| Fail | |

Assessor's Number

| | | | |
|--|--|--|--|
| | | | |
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Assessor's Signature _____ Date _____