CLINICAL CORRELATION: Gait, Cerebellar function and Movement Disorders

Date: January 30, 2019 - 9:30 am

Reading Assignment: refer to posted handout

KEY CONCEPTS AND LEARNING OBJECTIVES

1. List the various systems or components of the nervous system which are required to adequately stand up and walk.

2. Explain the Romberg sign and its significance.

3. Explain the lesion(s) associated with these abnormal gait patterns and describe how they appear clinically: broad-based ataxic, hemiplegic, tabetic, steppage, waddling, scissors, and Parkinsonian gaits.

4. Describe the clinical features of cerebellar dysfunction (gait ataxia, dysmetria, kinetic tremor, dysdiadochokinesia, rebound phenomenon, dysarthria, and nystagmus) and which bedside tests demonstrate them.

5. Contrast the clinical deficits in the cerebellar hemispheral versus vermian syndromes.

6. Recognize that the spinocerebellar degenerations or ataxias are a group of hereditary disorders where there is progressive loss of nuclei and tracts in the cerebellum and dorsal (posterior) spinal cord.

7. List the neurological disorders associated with resting tremor, postural tremor, and kinetic tremor.

8. Describe the following movement disorders and the related lesion or disorder, if known: choreoathetosis, hemiballismus, dystonia, tic, myoclonus, and asterixis.

9. List the currently available treatments for these movement disorders.