

Neurologic Exam Evaluation Checklist (NEURO OSCE)

Student's Name: _____

Date: Thursday, January 30, 2020

Other: _____

Evaluator's Name: _____

NEURO EXAMINATION

 1. WASH HANDS**CRANIAL NERVES:** **2. ASSESS VISUAL FIELDS***The examiner may check one eye at a time, or have patient do it with both eyes open.***FUNDUS EXAM** (CN2 Student inspects **both eyes** with the ophthalmoscope.) **3. Right eye** **4. Left eye****ASSESS PUPIL RESPONSE TO LIGHT** (CN2, 3) **5. Right eye** **6. Left eye***(The examiner should check for the direct and consensual response to light in each pupil, examiner stands to the side)* **7. CHECK FOR ALL 6 CARDINAL POSITIONS OF GAZE** (CN 3, 4, 6)*-Examiner makes a large "H" while pt moves their eyes and also checks for near reaction***ASSESS THE 3 SENSORY DIVISIONS OF CN 5** (light touch on pt's face, eyes closed)*-SIX AREAS MUST BE ASSESSED – Eyes closed* **8. Test both sides of the forehead (ophthalmic division of CN5)** **9. Test both sides superficial to maxillary sinuses = cheeks (maxillary division)** **10. Test both sides superficial to the mandibles = jaw (mandibular division of CN5)** **11. ASSESS CN 7***Examiner asked patient to raise both eyebrows or frown/wrinkle forehead. (CN7)* **12. ASSESS CN 7***Examiner asked patient to "show your teeth" or "smile and show your teeth" (CN7)* **13. ASSESS THE AUDITORY DIVISION OF CN 8** (eyes closed, finger rub) **14. ASSESS SOFT PALATE MOVEMENT** (CN10, questionably CN9)*-Examiner asks patient to "say ah." Uses light source to look in mouth.* **15. ASSESS PTS ABILITY TO COUGH** (CN10, Vagus nerve, innervates the vocal cords) **16. ASSESS TRAPEZIUS MUSCLE STRENGTH** (CN11, Spinal Accessory Nerve).

-Examiner places his/her hands on patient's trapezii muscles and then asks patient to shrug.

_____ 17. ASSESS STERNOCLEIDOMASTOID MUSCLE STRENGTH (CN11)

-Examiner asks patient to turn the head to each side against resistance from the examiner's hand.

_____ 18. ASSESS HYPOGLOSSAL NERVE (CN12)

-Examiner asked patient to protrude their tongue

MOTOR SYSTEM: (all steps are tested bilaterally, alternate testing from side-to-side)

ASSESS MUSCLE TONE IN THE UPPER LIMBS (RESISTANCE TO PASSIVE ROM)

_____ 19. RUE

_____ 20. LUE

ASSESS MUSCLE STRENGTH OF THE UPPER EXTREMITIES

Shoulder-abduction (*start with hands at pt's side, then ask pt to abduct arms to 90°*)

_____ 21. Right

_____ 22. Left

Elbow flexion

_____ 23. Right

_____ 24. Left

Elbow extension

_____ 25. Right

_____ 26. Left

Wrist flexion

_____ 27. Right

_____ 28. Left

Wrist extension

_____ 29. Right

_____ 30. Left

Hand grip

_____ 31. Right

_____ 32. Left

(Patient may be supine or seated from here on.)

ASSESS LIMB TONE IN THE LOWER LIMBS (RESISTANCE TO PASSIVE ROM)

_____ 33. RLE

_____ 34. LLE

ASSESS MUSCLE STRENGTH OF THE LOWER EXTREMITIES

Hip flexion bilaterally (one side should be tested at a time, ideally, so patient does not lose balance/fall)

___ 35. *Right*

___ 36. *Left*

Knee flexion bilaterally

___ 37. *Right*

___ 38. *Left*

Knee extension bilaterally

___ 40. *Right*

___ 41. *Left*

Ankle dorsiflexion bilaterally

___ 42. *Right*

___ 43. *Left*

Ankle plantar flexion bilaterally

___ 44. *Right*

___ 45. *Left*

REFLEXES: Examiner elicited the following deep tendon reflexes **bilaterally**

BICEPS REFLEX (C5, C6)

___ 46. *RUE*

___ 47. *LUE*

TRICEPS REFLEX (C7, C8)

___ 48. *RUE*

___ 49. *LUE*

BRACHIORADIALIS REFLEX (C5, C6)

___ 50. *RUE*

___ 51. *LUE*

KNEE REFLEX (L2-4)

___ 52. *RLE*

___ 53. *LLE*

ANKLE REFLEX (S1)

___ 54. *RLE*

___ 55. *LLE*

TEST FOR THE PLANTAR RESPONSE ON EACH FOOT. (Describe the appearance of a Babinski sign)

___ 56. *RLE*

___ 57. *LLE*

SENSORY SYSTEM: (eyes closed)

ASSESS LIGHT TOUCH IN ALL FOUR EXTREMITIES (with a wisp of cotton, or tip of cotton swab)

- ____ **58. RUE**
 ____ **59. LUE**
 ____ **60. RLE**
 ____ **61. LLE**

ASSESS PAIN (pin-prick) IN ALL FOUR EXTREMITIES (with a splintered cotton tip applicator, or tongue blade)

- ____ **62. RUE**
 ____ **63. LUE**
 ____ **64. RLE**
 ____ **65. LLE**

ASSESS POSITION SENSE IN ALL FOUR EXTREMITIES

- ____ **66. RUE**
 ____ **67. LUE**
 ____ **68. RLE**
 ____ **69. LLE**

ASSESS VIBRATION SENSE IN ALL FOUR EXTREMITIES (First ask the Patient "Do you feel the vibration? Tell me when it stops" Then have the patient close their eyes and test the DIP joint in the UE and the 1st metatarsal-phalangeal joint in the foot)

- ____ **70. RUE**
 ____ **71. LUE**
 ____ **72. RLE**
 ____ **73. LLE**

COORDINATION**ASSESS COORDINATION WITH 3 DIFFERENT MANUEVERS**

Finger-to-nose-to-finger

- ____ **74. RUE**
 ____ **75. LUE**

Fine finger movements

- ____ **76. RUE**
 ____ **77. LUE**

Heel-to-knee-to-shin

- ____ **79. RLE**
 ____ **80. LLE**

