

**Table 1. Cranial Nerve Function and Testing<sup>3</sup>**

Cranial Nerve	Function	Test
I – Olfactory	<ul style="list-style-type: none"> <li>• Sense of smell</li> </ul>	<ul style="list-style-type: none"> <li>• Ask patient to occlude one nostril and close their eyes.</li> <li>• Present a stimulus, such as coffee, and ask the patient to identify the smell.</li> </ul>
II – Optic	<ul style="list-style-type: none"> <li>• Vision</li> </ul>	<ul style="list-style-type: none"> <li>• Visual acuity.</li> <li>• Color vision.</li> <li>• Visual fields.</li> <li>• Pupillary response to light to test for an afferent pupillary defect.</li> </ul>
III – Oculomotor	<ul style="list-style-type: none"> <li>• Ocular motility (superior, inferior and medial recti, inferior oblique)</li> <li>• Lid elevation (levator palpebrae superioris)</li> <li>• Pupillary constriction (efferent limb of light pathway)</li> </ul>	<ul style="list-style-type: none"> <li>• Routinely tested during examination with extraocular motility.</li> <li>• Supraduction.</li> <li>• Infraduction.</li> <li>• Adduction.</li> </ul>
IV – Trochlear	<ul style="list-style-type: none"> <li>• Ocular motility (superior oblique)</li> </ul>	<ul style="list-style-type: none"> <li>• Routinely tested during examination with extraocular motility. Infraduction upon adduction.</li> <li>• Intorsion.</li> </ul>
V – Trigeminal	<ul style="list-style-type: none"> <li>• Facial sensation</li> <li>• Muscles of mastication</li> </ul>	<ul style="list-style-type: none"> <li>• Test the distributions of V<sub>1</sub>, V<sub>2</sub> and V<sub>3</sub> separately with a light touch with a cotton wisp to the forehead, upper cheek and jaw, respectively, with the patient's eyes closed. Ask the patient to compare the sensation from right to left, looking for any asymmetry</li> <li>• Assess the motor function of V by feeling either side of the jaw just inferior and anterior to the ear for muscle contraction while asking the patient to clench their teeth.</li> <li>• If indicated, test the corneal reflex (afferent limb: ophthalmic, V<sub>1</sub> and efferent limb, V<sub>2</sub>) with a cotton wisp.</li> </ul>
VI – Abducens	<ul style="list-style-type: none"> <li>• Ocular motility (abduction)</li> </ul>	<ul style="list-style-type: none"> <li>• Routinely tested during examination with extraocular motility.</li> <li>• Abduction.</li> </ul>
VII – Facial	<ul style="list-style-type: none"> <li>• Muscles of facial expression</li> <li>• Taste to anterior 2/3 of tongue</li> </ul>	<ul style="list-style-type: none"> <li>• Ask the patient to smile, raise their eyebrows, frown, puff out their cheeks and squeeze their eyelids tightly together while looking for any asymmetry or weakness.</li> </ul>
VIII – Vestibulocochlear	<ul style="list-style-type: none"> <li>• Auditory and vestibular systems</li> </ul>	<ul style="list-style-type: none"> <li>• Hearing can be grossly checked by rubbing your fingers together near a patient's ear and asking if they can identify which ear hears the sound and if they notice any asymmetry in the volume of the sound.</li> </ul>
IX – Glosso-pharyngeal X – Vagus	<ul style="list-style-type: none"> <li>• Palate elevation, gag reflex/ swallowing</li> <li>• Speaking</li> </ul>	<ul style="list-style-type: none"> <li>• Ask the patient to open their mouth and say "ahh" and look for any asymmetry in the palate or deviation of the uvula.</li> </ul>
XI – Accessory	<ul style="list-style-type: none"> <li>• Sternocleidomastoid and trapezius muscle</li> </ul>	<ul style="list-style-type: none"> <li>• Ask the patient to turn their head side-to-side and shrug their shoulders looking for any asymmetry or weakness.</li> </ul>
XII – Hypo-glossal	<ul style="list-style-type: none"> <li>• Muscle action of the tongue</li> </ul>	<ul style="list-style-type: none"> <li>• Ask the patient to stick their tongue out and note if it deviates to one side.</li> </ul>

# Neurologic Examination

**Robert Schwartzman**



## **Neurologic Examination:**

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**The Neurologic Examination** Hiroshi Shibasaki, Mark Hallett, 2016 Table of Contents Table of Boxes Preface Explanatory Notes Chapter 1 Diagnosis of Neurological Diseases General Principle Chapter 2 History Taking Chapter 3 Physical Examination Chapter 4 Evaluation of Consciousness Chapter 5 Brainstem and Cranial Nerve Territories Chapter 6 Olfactory Sensation Chapter 7 Visual Functions Chapter 8 Pupils and Accommodation Chapter 9 Extraocular Muscles Gaze and Eye Movements Chapter 10 Trigeminal Nerve Chapter 11 Facial Nerve Chapter 12 Auditory Function Chapter 13 Sense of Equilibrium Chapter 14 Swallowing Phonation and Articulation Chapter 15 Neck and Trunk Chapter 16 Motor Functions Chapter 17 Tendon Reflexes and Pathologic Reflexes Chapter 18 Involuntary Movements Chapter 19 Somatosensory Function Chapter 20 Autonomic Nervous System Chapter 21 Posture and Gait Chapter 22 Mental and Cognitive Functions

Chapter 23 Aphasia Apraxia and Agnosia Chapter 24 Paroxysmal and Functional Disorders Chapter 25 Ion Channel Disorders Chapter 26 Psychogenic Neurological Diseases Chapter 27 Thalamus Chapter 28 Hypothalamus and Neuroendocrinology Chapter 29 Neurological Emergency Chapter 30 Disability Functional Recovery and Prognosis Chapter 31 How to Plan Laboratory Tests Afterword For Those Who Wish to Study Neurology **DeJong's The Neurologic Examination** William

W. Campbell, 2012-09-21 This 7th edition of DeJong's The Neurological Examination offers practitioners and residents of Neurology an in depth discussion of neurologic exams that will not be found anywhere else Without abandoning classic concepts and science this definitive source on neurologic examination techniques has been streamlined and updated The text integrates details of neuroanatomy and clinical diagnosis in an easy to read format Anatomical and exam illustrations help ensure proper technique Plus illustrative cases and tables summarize differentials and list clinical findings With this book as their guide readers will truly understand the anatomical underpinnings of examination techniques **FEATURES** Four color design Updated figures and references Text is supplemented by helpful boxes that highlight key points When available evidence based medical insights are incorporated in assessing the value of specific tests *DeJong's The Neurologic Examinations* Lakshmi Narasimhan Ranganathan, 2019-01-01 Key Points Numerous illustrations and clinical images ensure proper technique and emphasize key information necessary for an optimally effective examination Case scenarios bridge the gap between the book and the bedside The comments section has been tailored to maximize concept in minimum content

Neuroanatomy and the Neurologic Exam Terence R. Anthony, 1993-10-18 In this book Neuroanatomy and the Neurologic Exam is an innovative comprehensive thesaurus that surveys terminology from neuroanatomy and the neurologic examination as well as related general terms from neurophysiology neurohistology neuroembryology neuroradiology and neuropathology The author prepared the thesaurus by examining how terms were used in a large sample of recent widely used general textbooks in basic neuroanatomy and clinical neurology These textbooks were written by experts who received their primary professional training in 13 different countries allowing the thesaurus to incorporate synonyms and conflicting definitions that occur as a result of variations in terminology used in other countries The thesaurus contains **The Neurologic Examination** Russell N. DeJong, 1950 **Neurologic Examination** Robert J. Schwartzman, 2020-07-14 Neurologic Examination is designed to help medical personnel make a diagnosis for a neurological illness with the patient's history and physical examination Neurology is logical but requires the physician to localize the lesion to an anatomical part of the neuroaxis and then to develop a differential diagnosis based on this localization Imaging technology is now superb and buttresses but does not replace the examination There is no imaging technique that can diagnose a migraine headache It may however demonstrate white matter hyperintensities that are often confused with a demyelinating disease or small vessel disease A negative MRI of the spine in a patient with clear L5 S1 signs and symptoms such as a weak extensor hallucis longus muscle and a depressed ankle jerk still has overwhelming evidence of L5 S1 pathology This book leads the physician

to the correct localization of a lesion utilizing simple bedside tests The only tools employed are a reflex hammer and a pin The illustrations and technique descriptions guide the practitioner through important distinctions with the observation of subtle details Information gleaned in less than 10 minutes allows the attending to order the pertinent laboratory and imaging studies required to confirm a diagnosis and initiate treatment in the current health care climate In general the patient history gives the diagnosis the neurological examination proves it modern imaging and laboratory evaluation guides the treatment and predicts the prognosis Experience with generations of medical students and residents utilizing the techniques illustrated and described in this book have been successful in making reliable neurologic diagnoses easier *Neurological Examination* Charles A. McKendree, 1928 *The Neurologic Examination* Hiroshi Shibasaki, Mark Hallett, 2022 The Neurologic Examination Scientific Basis for Clinical Diagnosis provides a bridge from basic neuroscience such as anatomy physiology pharmacology and molecular biology to clinical symptomatology Neurologic examinations provide the foundation for diagnosis and only after a thorough and expertly executed examination can one begin to incorporate laboratory testing and treatment In contrast with most of the previously published books of clinical neurology which are disease or anatomy oriented this book is organized in terms of functional anatomy of the nervous system Correct interpretation of symptoms and signs based on modern scientific knowledge is of utmost importance in the diagnosis of neurological diseases For this purpose the importance of careful history taking and physical examination is emphasized and chapters are arranged in the order of actual steps of neurologic examination In this new editions the authors have updated all materials included within With up to date references new boxes to discuss specific topics of modern interest and additional chapters and figures this second edition of *The Neurologic Examination Scientific Basis for Clinical Diagnosis* is crucial to neurologists neurosurgeons clinicians and technicians Book jacket **DeMyer's The Neurologic Examination: A Programmed Text, Sixth Edition** Jose Biller, Gregory Gruener, Paul Brazis, 2011-04-25 The classic step by step guide to learning how to perform the diagnostic neurologic examination now in full color This is an excellent book that will be very useful for learning the neurologic examination It is easy to read well illustrated and interactive The art and science of neurology is constantly evolving and books must stay current with the available literature This sixth edition provides updated information illustrations and references that are necessary to stay relevant to neurology today 3 Stars Doody's Review Service Excellent The information is detailed pertinent and excellently arranged What is surprising is the incredibly complete interesting and worthwhile information it contains The author is obviously an excellent clinician and teacher who has taught many years One can easily detect that DeMyer's book contains the distilled best of his teaching experiences Archive of Internal Medicine The book presents much more information than the title suggests it has excellent parts on neuroanatomy and clinical neurosciences Four Stars Excellent from Mayo Clinic Proceedings For more than four decades DeMyer's *The Neurologic Examination* has provided neurologists and psychiatrists in training with a uniquely clear and didactic way of learning the complicated

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