Cerebellum Function Test

Clinician Information	
Name: Dr. Elena Torres	
Title / Position: Neurologist	
License Number: MD456789	
Contact Information: 555-1234, drtorres@neuroclinic.com	
Date of Evaluation: February 23, 2024	Time of Evaluation: 10:30 AM

Patient Information	
Name: Michael Johnson	
Age: 38	
Gender: (●) Male ( ) Female ( ) Other:	
Date of Birth: May 12, 1986	
Patient ID: MJ202424	
Referring Physician: Dr. Susan Hill	

Medical History
Current Medications:
None
Past Neurological History:
None
Recent Injuries / Accidents:
Minor head injury in a biking accident 3 months ago
Family History of Neurological Disorders:
Father diagnosed with Parkinson's disease

Evaluation Purpose
Reason for Evaluation:
Evaluation of coordination and balance following a head injury
Specific Concerns:
Patient reports occasional unsteadiness and difficulty with fine motor skills

Cerebellum Function Tests

1. Gait and Stance
Instructions: Observe the patient walking, turning, and standing with feet together (eyes open and then closed).
Observations:
Patient demonstrates slight instability during the turn.
Findings: (•) Normal ( ) Abnormal ( ) Specify: With minor notes on turning instability

2. Romberg Test
Instructions: Patient stands with feet together and eyes closed for 30 seconds.
Observations:
Slight sway, but patient maintains position.
Findings: (•) Stable ( ) Unstable

3. Finger-to-Nose Test
Instructions: Patient alternately touches their nose and the clinician's finger with eyes open, then closed.
Observations:
Slight sway, but patient maintains position.
Findings: (•) Accurate ( ) Inaccurate (Specify errors: slight inaccuracies noted when eyes are closed)

4. Heel-to-Shin Test

Instructions: Patient slides the heel of one foot down the shin of the opposite leg while lying down.

Observations:

Movement is smooth, with no apparent difficulty.

Findings:

(●) Smooth ( ) Clumsy / Interrupted

5. Rapid Alternating Movements (Dysdiadochokinesia)

Instructions: Patient performs rapid alternating movements with hands, such as pronation-supination.

Observations:

Patient shows slight difficulty with left hand coordination

Findings:

(●) Coordinated ( ) Uncoordinated

6. Rebound Phenomenon of Stewart-Holmes

Instructions: Clinician holds and suddenly releases the patient's flexed arm, observing for excessive rebound movement.

Observations:

No excessive rebound movement observed.

Findings:

( ) Present (●) Absent

7. Speech Evaluation

Instructions: Assess for dysarthria by having the patient read or repeat phrases.

Observations:

Speech is clear, without slurring or scanning speech.

Findings:

(●) Normal ( ) Slurred ( ) Scanning Speech

Overall Assessment
Summary of Findings:
The patient demonstrates largely normal cerebellar function with minor issues in coordination and balance, potentially related to the recent head injury.
Impression: (●) Normal Cerebellar Function ( ) Abnormal Cerebellar Function
Specific Areas of Concern:
The patient demonstrates largely normal cerebellar function with minor issues in coordination and balance, potentially related to the recent head injury.

Recommendations
Further Diagnostic Testing: MRI of the brain to rule out any structural damage
Referral to Specialists: Consider follow-up with a physiotherapist for balance and coordination exercises
Therapeutic Interventions:
Recommend balance and coordination rehabilitation exercises
Follow-Up: (●) Scheduled ( ) As Needed

Clinician's Signature
Dr. Elena Torres
Date:

Patient Consent for Evaluation

I, Michael Johnson , consent to the cerebellum function tests as described above.

Patient's Signature:
Dr. Elena Torres
Date: February 23, 2024