

Neuro Exam Cheat Sheet

Name:

Age: Date of Birth:

Gender:

Contact Information:

Mental Status Examination

I. Level of alertness and orientation

1. Time
2. Place
3. Person

- Oriented to time, place, and person
 Disoriented to time, place, or person

II. Intellect

1. Skip counting from 100 Backwards
2. Spell a word Backwards

- Can maintain focus and follow instructions
 Easily distracted or unable to focus

III. Memory

1. Ask patient to remember 3 words
2. After 3 minutes of distraction, ask patient to recall them

- No apparent memory problems
 Difficulty with recent events or remote memories

IV. Mood

1. Euthymic
2. Irritable
3. Pessimistic
4. Depressed
5. Manic

Cranial Nerve Examination

Cranial Nerve	Normal Response
I - Olfactory	Patient is able to identify different scents with each nostril separately and with eyes closed, unless conditions like colds is present.
II - Optic	Patient is able to read from a material held at approximately 14 inches of distance with each eye and both eyes.
III - Oculomotor	When a penlight is shone on the patient's eyes, the illuminated and non-illuminated pupil should constrict.
IV - Trochlear	A penlight is held 1 ft. in front of the client's eyes and moved around. The patient is able to follow the movements of the penlight using their eyes.
V - Trigeminal	Ask patient to look upward and gently touch the lateral sclera of the eye. The patient should have a blink reflex.
VI - Abducens	A penlight is held 1 ft. in front of the patient's eyes and moved around. The eyes should be coordinated and move in unison with parallel alignment.
VII - Facial	Ask patient to smile, raise the eyebrows, frown, and puff out cheeks, close eyes tightly. The client should be able to do this without difficulty. The patient should also be able to distinguish between different tastes.
VIII - Vestibulocochlear	Place a ticking watch 2-3 cm near the patient's ear and outside their line of sight. The patient should be able to hear the tickling of the watch in both ears.
IX - Glossopharyngeal	The patient should be able to elicit gag reflex and swallow without any difficulty.
X - Vagus	The patient should be able to swallow without difficulty and speak audibly.
XI - Accessory	The patient should be able to shrug shoulders and turn head from side to side.
XII - Hypoglossal	The patient should be able to move tongue without any difficulty.

Motor System Examination

Strengths	Assessment
Upper Extremity Strength	
Bilateral grip strength	Squeezing dynamometer (measured in kg)
Shoulder abduction	Raise arms straight out to the sides, parallel to the floor
Elbow flexion and extension	Bend and straighten elbows against resistance
Wrist flexion and extension	Bend and straighten wrists against resistance
Lower Extremity Strength	
Bilateral hip flexion	Bring knees up towards chest against resistance
Knee extension	Straighten legs from seated position against resistance
Ankle dorsiflexion and plantar flexion	Pull toes up and push down against resistance
Coordination	
Finger-to-nose test	Touch finger tip to nose with eyes open and closed, observing accuracy and tremor
Heel-to-shin test	Run heel down shinbone towards knee and back, observing smoothness and accuracy
Rapid alternating movements	Tap thumb and each finger in quick succession on both hands, observing speed and rhythm

Sensory Examination

Sensory Function	Assessment
Touch sensation	Light touch sensation in all extremities
Pain sensation	Pinprick sensation in all extremities
Temperature sensation	Cold and warm objects in all extremities
Vibration sensation	Tuning fork on distal phalanges of fingers and toes
Body position awareness	Joint position recognition test

Reflexes

Reflex	Assessment
Biceps Reflex	Using the reflex hammer, tap the brachioradialis tendon just below the elbow crease.
Triceps Reflex	Using the reflex hammer, tap the triceps tendon just above the olecranon process (pointy bone at the back of the elbow).
Patellar Reflex (Knee Jerk)	Using the reflex hammer, tap the patellar tendon just below the kneecap.
Achilles Reflex (Ankle Jerk)	Using the reflex hammer, tap the Achilles tendon just above the heel bone.
Plantar Reflex (Babinski Reflex)	Stroke the sole of the foot from the heel towards the toes along the outer border.

Coordination and Gait

Coordination and Gait	Assessment
Walking Speed	Time over a fixed distance (e.g., 6 meters)
Stride Length	Distance between heel placements of consecutive steps
Foot placement	Wide, narrow, or shuffling may indicate weakness, balance issues, pain
Arm swing	Reduced swing can indicate rigidity or weakness
Overall smoothness and rhythm	Stuttering, dragging, or hesitation can suggest gait disorders
Standing with eyes open and closed	Swaying, tremors, use of support indicate balance issues
Romberg test (standing, feet together, eyes closed)	Falling suggests proprioceptive deficits