#### CHECKLIST FOR UPPER LIMB NEUROLOGICAL EXAMINATION – UNDERGRADUATE GUIDE

Ones in BLACK must do or comment on, Ones in BLUE must comment on only if present or applicable to patient. Content in blue should be in back of your mind so say when you are practising but not during exam unless seen on the patient in the exam. **FOLLOW THIS CHECKLIST IN PUBLISHED ORDER** 

uy	e 1 – Pre Exam Checklist
1.	Alcohol Gel and bare below elbows
2.	Introduction – "Shake hands/ hello my name is"
3.	Consent – "Will it be okay if I examine the nerves in your arms?"
4.	Positioning – patient is sitting up and check if they are comfortable in that position. Expose patient's arms up to shoulders.
tage	e 2 – General inspection
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IB: PO PERFO	Take a step back to end of the bed Comment on patient (obvious only) • Comfortable at rest or not
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1. 2.	SITION YOURSELF TO THE RIGHT SIDE IF NOT ALREADY DONE SO AS ALL EXAMINATION SHOULD BE         RMED FROM THE RIGHT SIDE OF PATIENT         Take a step back to end of the bed         Comment on patient (obvious only)         • Comfortable at rest or not         • Obvious discomfort/ pain         • Look for muscle wasting, tremor and fasciculation

- Walking aids, wheelchair
- Or say "there are no other obvious clues around the bed"

# Stage 3 – Pronator drift

1. Ask patient to stretch arms out with palms facing ceiling and close their eyes while keeping their arms up.

#### Stage 4 – Tone

- 1. Check for pain "do you have any pain in your arms at all?"
- Say "I'm just going to move your arms for you. Can you let your arms go floppy/ relaxed"
- 3. Compare both sides

#### Stage 5 – Power

- 1. Say "I'm just to check the power in your arms
  - Shoulder abduction C5/ adduction C6-7
  - Elbow flexion C5-6/ extension C7
  - Wrist flexion/ extension C6-7
  - Finger abduction T1/ adduction T1
  - Thumb abduction / adduction C7/T1
  - Pincer grip C8-T1
  - Power grip C5-T1

Remember to isolate the joint if possible

Describe power according to MRC scale (0-5)

### Stage 6 - Co-ordination

- 1. Finger-nose: ask patient to touch their nose with their index finger, then touch your finger. Ask them to repeat it as quickly as possible. You can change position of your target finger
  - Look for past pointing/ intention tremor
- Dysdiadochokinesis: demonstrate to the patient what you want them to do. Say "Can you pat the palm of one hand with the palm and back of your other hand as quickly and regularly as possible."
- N.B. this checks for cerebellar pathology

#### Stage 7 - Reflexes

- 1. Ask the patient to let their arms "go floppy" and explain that you are going to tap their tendons with an instrument"
  - Biceps C5, 6
  - Supinator C6
  - Triceps C7
  - Remember to compare both sides
  - If cannot elicit reflex, use re-inforcement: "Can you clench your teeth on the count of 3?" When saying 3, tap the tendon.

#### Stage 8 - Sensation

- 1. Light touch: use a piece of cotton wool and lightly touch sternum. Then ask patient to close their eyes and respond when they feel a light touch.
  - Compare both sides
  - Start distally and move proximally
- 2. Superficial pain: offer to check using new Neurotip. Ask patient to distinguish between sharp and blunt

- 3. Temperature: mention that you would check using tubes of hot and cold water. Alternatively you can use a cold metallic object e.g. tuning fork
  4. Vibration: use 128Hz and check on sternum "can you feel the buzzing and when it stops?"
  Check on bony prominence (1<sup>st</sup> PIPJ) distally then move proximally if they cannot feel it
  - 5. Joint position sense: hold at sides of phalanx, show patient what you mean by moving it "up" and "down", then patient to close eyes and test.

## **STAGE 9 - TO FINISH OFF**

Turn to the examiner and say:

"To complete my examination I would like to:"

- Check the patient's gait
- Examine cranial nerves and lower limb neurological system

### **STAGE 10 - COMPLETION**

- Thank the patient
- Offer to help get dressed and cover up
- USE ALCOHOL GEL AGAIN AT THE END

#### **STAGE 11- PRESENT FINDINGS**

END OF EXAMINATION