

Recommended Neurological Exam for Persistent Concussion Symptoms Patients¹

Myotome (l/r)	Sh. Abd:	Elb. Flex:	Elb. Ext:	Thum. Ext:	
<input type="checkbox"/> Normal (5/5)	Fin. Abd:	Ank. Dors:	Toe ext:	Plantar:	
Sensory (l/r)¹⁴	C5:	C6:	C7:	C8:	
	T1:	L4:	L5:	S1:	
Reflexes (l/r)	Bicep:	BR:	Triceps:	Patella:	Achilles:
OTHER OBSERVATIONS:					

¹ A good concise (5 min) video demonstration of the neuro exam can be found here:

https://www.youtube.com/watch?v=fgwN1P5PDaA&list=PLczTlp2I_hqD9kdWxrOV8VhvAl6aYrTFg&index=1&t=91s

² FTN with Eyes closed, if vestibular abnormality, patient will bring his/her index finger beside the examiner's, to the side of the lesion; may also occur in cervicogenic dizziness

³ Tandem gait

⁴ finger escape: tries to extend fingers and the ring and pinky flex and abduct

⁵ Head impulse test for horizontal SCC. Head pitched in 30 deg of cervical flexion, maintain visual fixation on examiner's nose, 5-10 deg of amplitude at 3000-4000 deg/sec/sec of acceleration applied horizontally. Look for overt corrective saccade. Repeat with target 2 metres away for older adults who have poorer accommodation. Sn = 54% and Sp=100% for UVL <75%

⁶ Repeated left & right foot tap for ataxia

⁷ Rapid tongue movements: abnormal in pseudobulbar palsy

⁸ Repeated left & right hand slap for ataxia

⁹ Double simultaneous stimulation

¹⁰ Kinesthesia: Big toe-thumb position sense (detect displacement of motion as soon as possible (<10-15 deg))

¹¹ Vibration sense testing the Dorsal Column - Medial Lemniscus System using 128 Hz tuning fork (one bony prominence of toe)

¹² Wiggle fingers as if you were playing the piano to assess for pyramidal function

¹³ Hoffman: flick forcefully extended DIP of middle finger and thumb and index finger pinch – can be facilitated by cervical flexion and extension

¹⁴ Soft touch

¹⁵ Range of motion (active/passive)

¹⁶ Left lateral flexion