

Guidelines for a Screening Neurologic Examination

All medical students should be able to perform a brief, screening neurologic examination that is sufficient to detect significant neurologic disease even in patients with no neurologic complaints. Although the exact format of such a screening examination may vary, it should contain at least some assessment of mental status, cranial nerves, gait, coordination, strength, reflexes, and sensation. One example of a screening examination is given here.

A. Mental Status (level of alertness, appropriateness of responses, orientation to date and place)

B. Cranial Nerves

1. Visual acuity
2. Pupillary light reflex
3. Eye movements
4. Hearing
5. Facial strength (smile, eye closure)
6. Speech

C. Motor Function

1. Strength (shoulder abduction, elbow extension, wrist extension, finger abduction, hip flexion, knee flexion, ankle dorsiflexion)

D. Reflexes

1. Deep tendon reflexes (biceps, patellar, Achilles)
2. Plantar responses

E. Sensation

1. Evaluate vibration and pain or temperature at toes

F. Coordination

1. Fine finger movements
2. Finger-to-nose or finger-to-chin

G. Gait

1. Casual
2. Tandem

Note: If there is reason to suspect neurologic disease based on the patient's history or the results of any components of the screening examination, a more complete neurologic examination may be necessary.