NEURO-CARD COMPLETE SCREENING OUTPATIENT NEURO EXAM
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Vital signs

HEENT	Funduscopic exam – if venous pulsations seen, ICP probably normal (but not seen in everyone at baseline) Make sure neck supple Check for myofascial spasm Check temporal arteries if HA the complaint
CV	Carotids, heart, assess for peripheral edema
MSK	Straight leg raise if relevant
Mental status	Orientation Name, repeat, follow verbal and written commands Attention (WORLD backwards or serial 7s) Three word recall Copy interlocking pentagons or have pt draw cube (visuo-spatial) Calculations, L/R sense
CN	Pupils (swinging flashlight can assess optic nerve) EOMs – also check rapid saccades, a cerebellar test Visual fields – checking L and R fields simultaneously to assess neglect Facial sensation – splitting vibration at midline suggests embellishing Upper and lower facial power Hearing to snap or whisper. Weber deviates toward conductive loss and away from sensorineural Palate/tongue Shoulder shrug
Motor	Visual inspection of bulk especially hand and foot intrinsics Watch for tremor or fasciculations Tone with PROM, can bring out cogwheeling by active contralat. motion Pronator drift – sign of subtle UMN weakness Index finger tapping on thumb – inability to isolate index is UMN sign, Poor cadence is cerebellar sign Power of neck, proximal, mid, distal joint muscles and hand/foot intrinsics
Sensation	Use pinprick or cold tuning fork to assess for regional loss, spinal level Position sense in toes and fingers holding on lateral aspects of digits Vibration on toe and finger joints Romberg (sensitive test for proprioceptive loss – test with gait)
Coord.	FNF with elbow abducted May need finger following test; past-pointing is a cerebellar sign RAM and/or HKS if needed
DTR	Biceps (C5>6), triceps (C7), brachioradialis (C6>5), knees (L3,4>2), ankles (S1, 2); may need to cross one shin across the other to get ankle Check toes for extensor or plantar response, can also run fist down shin
Gait	Casual, tandem, heel, toe, Romberg

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