

Detailed Neurologic Exam by Video Televisit

The American Academy of Neurology had a recent webinar which included tips about performing a neurological examination. The references are below. At the bottom of this page is a template for completing a video- neurological examination, with fields formatted for MModal and Autotext users. This can be copied and pasted as an Autotext or MModal Command. It is designed as a template to help you remember exam elements. Items not performed or obtainable can be deleted or edited.

REFERENCE:

<https://www.aan.com/siteassets/home-page/tools-and-resources/practicing-neurologist--administrators/telemedicine-and-remote-care/20200326-telemedicine-and-covid-19-final.pdf>

Webinar: Neurologist describes exam she does over video:

<https://www.youtube.com/watch?v=Pw-Jdy3-T9g>

neurology exam begins at about 23 minutes into video, ends at about 30 minutes

Written tips on how to do the neurological exam on camera:

<https://www.aan.com/siteassets/home-page/tools-and-resources/practicing-neurologist--administrators/telemedicine-and-remote-care/20-telemedicine-and-covid19-v103.pdf>

MModal Command Template

[Home Vital Signs:][]

Speech:

[Speech is normal; fluent and spontaneous with normal comprehension]

Cognition:

[The patient is oriented to person, place, and time; memory intact; language fluent; normal attention, concentration, and fund of knowledge]

[MOCA, Blind Version score:][]

Cranial Nerves:

I: [not tested]

II,III,IV & VI: [Pupils are equal, and round.][Extraocular movements are intact without visible nystagmus..]

V: [The patient reports trigeminal sensation is intact and visible jaw motions indicate the

muscles of mastication move symmetrically.]

VII: [The face is symmetric and moves symmetrically with grimace and raised eyebrows]

VIII: [Audition reported to be intact in both ears.]

IX: [Palate elevates in the midline.]

X: [Voice is normal.]

XI: [Shoulder shrug is normal.]

XII: [The tongue has normal motion without fasciculations.]

Coordination:

[Normal rapid alternating movements are noted (fingers, foot taps) bilaterally. Camera to nose testing normal.]

Gait:

[Heel-toe and tandem gait are normal.]

Observation:

[No asymmetry, no atrophy, and no involuntary movements noted.

Tone:

[Normal muscle tone, no pronator drift][No drift in lower extremities]

Posture:

[Posture is normal.]

Strength:

[Antigravity strength is visualized as normal and symmetric in the upper and lower limbs.]

Light Touch:

[Patient reports normal light touch sensation in upper and lower extremities.]

Movement Disorder Exam:

Dystonia: [none visible]

Chorea: [none visible]

/pe_neuro_complete* Autotext Template (When face to face with the patient)

Detailed Neurologic Exam

Speech: Speech is normal; fluent and spontaneous with normal comprehension

Cognition: The patient is oriented to person, place, and time; memory intact; language fluent; normal attention, concentration, and fund of knowledge

Cranial Nerves:

I: not tested

II, III, IV & VI: Pupils are equal, round and reactive to light. Extraocular movements are intact.

Visual fields are full to visual confrontation

V: Trigeminal sensation is intact and the muscles of mastication are normal.
VII: The face is symmetric.
VIII: Audition is intact in both ears. The tympanic membranes are clear.
IX: Palate elevates in the midline.
X: Voice is normal.
XI: Shoulder shrug is normal.
XII: The tongue has normal motion without fasciculations.

Coordination: Normal finger to nose and heel to shin. Normal rapid alternating movements.
Gait: Heel-toe and tandem gait are normal.
Balance: Romberg negative/normal.
Observation: No asymmetry, no atrophy, and no involuntary movements noted.
Tone: Normal muscle tone.
Posture: Posture is normal.
Strength: Strength is V/V in the upper and lower limbs.
Light Touch: Normal light touch sensation in upper and lower extremities.
Proprioception: Normal proprioception in upper and lower extremities.
Pin Prick: Normal sensation to pinprick in upper and lower extremities.

Reflex Exam:

DTR's: Deep tendon reflexes in the upper and lower extremities are normal bilaterally.

Toes: The toes are downgoing bilaterally.

Clonus: Clonus is absent.

Movement Disorder Exam:

Dystonia: none

Chorea: none

Myoclonus: none

/pe_neuro_televisit* Autotext Template (telehealth use only)

Home Vital Signs: _

Speech: Speech is normal; fluent and spontaneous with normal comprehension

Cognition: The patient is oriented to person, place, and time; memory intact; language fluent; normal attention, concentration, and fund of knowledge.

MOCA, Blind Version score: _

Cranial Nerves:

I: not tested

II, III, IV & VI: Pupils are equal, and round. Extraocular movements are intact without visible nystagmus.

V: The patient reports trigeminal sensation is intact and visible jaw motions indicate the muscles

of mastication move symmetrically.

VII: The face is symmetric and moves symmetrically with grimace and raised eyebrows

VIII: Audition reported to be intact in both ears.

IX: Palate elevates in the midline.

X: Voice is normal.

XI: Shoulder shrug is normal.

XII: The tongue has normal motion without fasciculations.

Coordination: Normal rapid alternating movements are noted (fingers, foot taps) bilaterally.

Camera to nose testing normal.

Gait: Heel-toe and tandem gait are normal.

Balance: Romberg is negative/normal.

Observation: No asymmetry, no atrophy, and no involuntary movements noted.

Tone: Normal muscle tone, no pronator drift. No drift in lower extremities

Posture: Posture is normal.

Strength: Antigravity strength is visualized as normal and symmetric in the upper and lower limbs.

Light Touch: Patient reports normal light touch sensation in upper and lower extremities.

Movement Disorder Exam:

Dystonia: none visible

Chorea: none visible