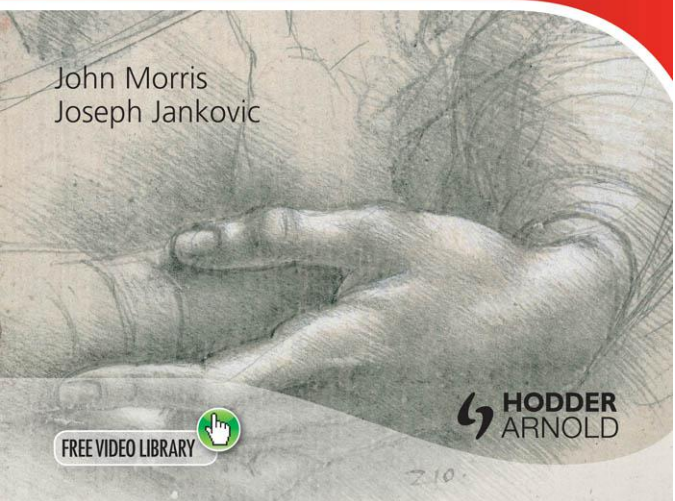




Neurological Clinical Examination

John Morris
Joseph Jankovic



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Neurological Clinical Examination

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To study ... disease without books is to sail an uncharted sea, while
to study books without patients is not to go to sea at all.

William Osler

William B. Bean (ed.) (1950) *Sir William Osler Aphorisms*. Henny
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Contents

Foreword to the Third Edition	ix
Foreword to the First Edition	xi
Preface to the Third Edition	xiii
Preface to the First Edition	xv
Acknowledgements	xvii
Abbreviations	xix
Picture credits	xxi
Using this book	xxiii
Introduction	xxv
1 The wasted hand	1
2 Wrist drop	9
3 Proximal weakness of the arm(s)	13
4 Proximal weakness of the leg(s)	20
5 Foot drop	24
6 Ataxia and gait disturbance	30
7 Facial palsy	40
8 Ptosis	48
9 Abnormalities of vision or eye movement	53
10 Tremor and cerebellar signs	67
11 Other abnormal involuntary movements	75
12 Speech disturbance	88
13 Higher function testing	95
14 Assessment of coma	103
15 Psychogenic disorders	109
Index of videos	115
Index	123

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Foreword to the Third Edition

The rites of passage from student to graduation, acceptance as a physician and then neurologist, follow much the same pattern in Australia, the United Kingdom and the United States of America. Whereas in practice the history directs physical examination, candidates in a clinical examination may be confronted with a problem as a 'short case', perhaps a single physical sign, to interpret and present a spot diagnosis or a logical approach to investigations and management. Quick thinking is aided by a mental autocue to be rolled out of our brain when required.

In the many years I have known John Morris, he has assiduously recorded physical signs, the history and their significance. When the affected part was stationary, he photographed it. If it moved he took a video. In this way he has built up a collection of clinical signs that has added to his reputation as a teacher and examiner. Earlier editions of this book have proved popular as a supplement to practical work in the ward and clinic as well as being useful as a refresher course before clinical examinations.

John Morris' teaming with Joseph Jankovic in presenting this new edition is a particularly happy one because of their mutual interest in movement disorders which culminated in the video collection presented here.

James W Lance
AO CBE MD FRCP FRACP FAA

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Fellow of the Australian Academy of Science

Past Vice President of the World Federation of Neurology

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Corresponding International Member of the European Federation of Neurological Societies

Regent Member of the American Headache Society, Past President of the International headache Society

Foreword to the First Edition

If medical professional life were the Grand National, the MRCP (or FRACP) would be Beecher's Brook – a daunting obstacle approached with caution, attempted with panic and surmounted with relief. Anything which makes this barrier less formidable, even to those on their third or fourth circuit of the course, is to be welcomed.

Dr Morris is a master of the old-fashioned art of clinical observation and examination, and is renowned as a teacher of the subject. His wide experience both as practising clinician, instructor and examiner, makes him a particularly suitable choice as an author of a book of this kind.

It is clearly written, well-illustrated and full of sensible, practical guidance, not only to those taking examinations for whom the neurology case is a particular dread, but for general physicians faced with everyday clinical problems. Even professional neurologists could scan its pages with profit and enjoyment.

Dr RW Ross Russell
Past President of the Association of British Neurologists

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Preface to the Third Edition

Time is short and the neurological examination can be long. To make the best use of your time, you need to be able to tailor the examination to the problem in hand. That is what distinguishes the neurological examination from those involving the cardiovascular, respiratory or gastro-intestinal systems where the same general system of examination suffices in most cases. This book outlines an approach to seeking the key clinical signs relevant to those problems uncovered in the course of taking the history. This approach is based on the most likely diagnoses as well as neuro-anatomical considerations.

In its first two editions, the book was aimed primarily at candidates sitting for clinical examinations (in its other sense). It has now been broadened to provide guidance for anyone seeking to improve their skills in the neurological examination. Chapters on assessment of the comatose patient and on psychogenic disorders have been added. These changes have been made in collaboration with my distinguished colleague, Joseph Jankovic, of Baylor College of Medicine, Houston, Texas, who is known throughout the world as a master clinician, particularly in the field of movement disorders.

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Preface to the First Edition

Most people studying for clinical vivas in medicine dread the neurology case. Unlike cardiology, respiratory medicine or gastroenterology, there is no standard approach in neurology which is appropriate for most cases. In its entirety, the neurological examination is very time consuming; the skill lies in knowing which aspects of the examination deserve particular attention in a given case. This little book offers a simple approach to the assessment of a number of neurological problems which crop up in examinations and everyday practice.

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Acknowledgements

John Morris thanks his colleagues for their help in producing The Neurology Short Case, out of which this book has grown: Dr Elizabeth McCusker, Professor John King, Professor Christian Lueck, Dr Rick Boyle, Dr Mariese Hely, Dr Susie Tomlinson, Professor Philip Thompson, Dr Nicholas Cordato, Professor Victor Fung (who also helped greatly with the video material); Shanthi Graham (funded in part by the Westmead Charitable Trust), who worked with him over many years on the video database and produced the video clips; Dr Roly Bigg who, through his Movement Disorder Foundation, provided financial support and encouragement to build the video database; ANZAN for helping with the funding of the video database; Faith Oxley for the figures which she drew and the following colleagues for their comments and advice on the first edition: Dr Leo Davies, Dr Jonathon Ell, Dr Ron Joffe, Dr Michael Katekar, Dr Jonathon Leicester, Dr Ivan Lorentz, Professor James McLeod, Dr Dudley O'Sullivan, Dr Ralph Ross Russell, Dr Tom Robertson, Dr Raymond Schwartz, Dr Ernest Somerville and Dr Grant Walker.

Drs Grant Walker, Jon Leicester, Professors Alasdair Corbett, Yugan Mudaliar and Richard Stark provided helpful comments on the new chapter on coma.

Professor Jankovic thanks John Morris for inviting him to join in the writing of this guide to the clinical examination and to contribute additional illustrative and instructive videos. These videos were selected from a library of over 30 000 videos collected at the Parkinson's Disease Center and Movement Disorders Clinic, Baylor College of Medicine over more than three decades.

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Abbreviations

ADM	abductor digiti minimi
ANA	antinuclear antibody
ANCA	anti-neutrophil cytoplasmic autoantibodies
ANF	anti-nuclear factor
APB	abductor pollicis brevis
A-R	Argyll Robertson
ASOT	anti-streptolysin-O-antibody
AVM	arteriovenous malformation
COMT	catechol-ortho-methyltransferase
CPAP	continuous positive airway pressure
CPK	creatine phosphokinase
CRP	C-reactive protein
CSF	cerebrospinal fluid
CT	computed tomography
DCI	decarboxylase inhibitor
DI	dorsal interosseous
DLBD	diffuse Lewy body disease
DVT	deep vein thrombosis
ECG	electrocardiograph
EEG	electroencephalography
EMG	electromyography
ENA	extractable nuclear antigens
ESR	erythrocyte sedimentation rate
FBP	full blood picture
HIV	human immunodeficiency virus
INO	internuclear ophthalmoplegia
LFTs	liver function tests
MND	motor neurone disease
MRA	magnetic resonance angiography
MRI	magnetic resonance imaging
MSA	multiple system atrophy
PEG	percutaneous endoscopic gastrostomy
PSP	progressive supranuclear gaze palsy
SCA	spinocerebellar ataxia
SLE	systemic lupus erythematosus
SPECT	single-photon emission computed tomography
SSEPs	somatosensory evoked potentials
SSPE	subacute sclerosing panencephalitis
SSRIs	selective serotonin re-uptake inhibitors
VDRL	Venereal Disease Research Laboratories (test)

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