

# Cerebellar Disease Focussed Examination

Note: the instructions may be non-specific e.g. 'examine this patient with a tremor', 'examine this patient's gait and then proceed' or 'examine this patient neurologically'. In this case, approach by asking a few focussed questions (if allowed) or inspecting for tremor/gait abnormalities and then proceed with the relevant focussed examination to elicit all the signs of the condition.

## Introduction

Wash hands, Introduce self, ask Patients name & DOB & what they like to be called, Explain examination and get consent

## General observation

### General

- e.g. wheelchair, neurological signs, posture, signs of neglect (alcohol)

### Gait (walk with them in case they fall)

- Sit in chair to stand with arms folded (**truncal ataxia**)
- Walk away then walk back heel toe if possible (**ataxic gait**)

### Posture

- Stand with feet together
- Romberg's test (if steady): ask patient to close eyes and assess stability (**sensory ataxia**)

NOW...work down the body

## Face

### Face

- H test for extraocular muscle function and pause at lateral gaze (**nystagmus; saccades**)
- Look from one target to another (**hypometric saccades**)

### Speech

- Say "West register street", "baby hippopotamus" and "British constitution" (**slurring; staccato i.e. jerky speech**)
- Tongue: move side to side

## Focussed Upper limbs

- Pronator drift: Ask patient to hold arms out fully extended with palms facing upwards and close their eyes (**pronator drift = weakness; upward drift = cerebellar lesion**).
- Rebound test: while patient's arms still held up, push patient's wrists down briskly and then quickly let go (**accentuates upward cerebellar drift**)
- Hypotonia
- Coordination
  - Finger-nose test (**intention tremor and dysmetria**)
  - Hand slapping (**dysdocokinesis**)

## Focussed Lower limbs

- Hypotonia
- Coordination (heel-shin test)

## To complete

- Thank patient and cover them
- "To complete my exam, I would examine fundi for papilloedema (**space occupying lesion**), perform a full neurological exam and examine CN 5, 7, 8 to exclude cerebellopontine angle lesion"
- Summarise and suggest further investigations you would do after a full history

### Focussed questions

What happened when you first presented with this condition?  
 How is it affecting you?  
 When is your tremor worst?  
 Do you have other problems, such as problems with balance or co-ordination?  
 Do you have problems with buttons and shoe laces?  
 Turning over in bed at night?  
 Getting in and out of your car?

### Examining for tremor

- Resting tremor (rest hands on lap and close eyes and count down from 20)
- Postural tremor (hold arms out)
- Action tremor (finger nose test)

### Cerebellar signs

**D**ysdiadochokinesis and **D**ysmetria (past pointing)  
**A**taxia  
**N**ystagmus  
**I**ntention tremor  
**S**lurred/staccato speech  
**H**ypotonia

### Causes of cerebellar disease

**M**S  
**A**lcohol  
**V**ascular  
**I**nherited  
**S**pace occupying lesion