

Step	Instruction	What You're Looking For	Possible Diagnoses	Tips
1. Look around the bed	Check for walking aids, medications, orthotics, splints	Clues to neurological disability or mobility issues	Stroke, Parkinson's, MS, MND	Note how the patient enters the room if applicable
2. Inspect head, neck, spine	Look for scars on scalp, cervical/lumbar spine	Post-surgical changes; scars from VP shunt, spinal decompression	Cervical myelopathy, Chiari malformation, trauma	Spinal scars = think cord pathology or syringomyelia
3. Inspect shoulders and scapulae	Ask patient to stretch arms forward	Scapular winging or retraction, asymmetry	FSHD, Long thoracic nerve palsy	FSHD = flat face, scapular winging, foot drop
4. Cranial nerves - Eyes up and smile	Ask patient to look up and smile	Ptosis, ophthalmoplegia, facial asymmetry	Myasthenia gravis, myotonic dystrophy, stroke, Bell's palsy	Look for asymmetric nasolabial folds, fatigable ptosis
5. Arms behind head (chicken wings)	Tests proximal shoulder girdle strength	Difficulty suggests proximal myopathy	Causes: Steroids, Cushing's, Polymyositis, Dermatomyositis, Thyroid disease, Mitochondrial disease, Statins	Ask if difficulty combing hair/climbing stairs
6. Arms outstretched, fingers extended	Look for tremor, asymmetry	Essential tremor, Parkinson's, cerebellar tremor	Ask about alcohol, caffeine, beta-blockers	Note that for Parkinson's tremor, the patient's hands have to be in neutral position. Use distraction (i.e. asking them to count down from 20 to 1) which will enhance the tremor.
7. Turn hands over, close eyes	Tests for pronator drift	Corticospinal tract lesion (usually contralateral hemisphere stroke)	Look for slow pronation + drift = subtle upper motor neuron lesion	
8. Tap wrists gently	Rebound phenomenon	Cerebellar disease	May also reveal overshoot in cerebellar signs	
9. Clench fists tightly, then release	Observe for slow relaxation	Myotonia	Myotonic Dystrophy (most common), myotonia congenita	Ask if difficulty releasing grip (e.g. doorknob, handshake)
10. Check gait if time permits	Ask patient to walk, heel-toe walk	Apraxic, spastic, ataxic, parkinsonian gait	Parkinson's, cerebellar disease, stroke, peripheral neuropathy	Look for arm swing asymmetry, wide-based gait, foot drop

This resource is provided by Ealing PACES. For educational use only. Do not copy or redistribute without permission.