

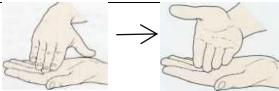
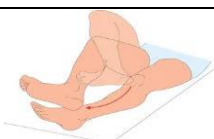



# Cerebellar Examination

- ✓ **First you should examine the muscle tone of upper and lower limbs**, since severe cerebellar lesion cause hypotonia **التون عليه درجات بالتشيك**  
 ليست ,لاتنسووه حتى مع المخيخ!  
 ✓ **Start from up to down**

What to examine		How to do it
<b>eye</b>	<b>Check for nystagmus</b>	1) Ask the patient to look straight ahead and inspect the eyes look for any abnormal movement such as nystagmus. 2) Let's pt's eyes follow your finger (without moving his head), while u r moving ur finger throughout the various axes of vision. (horizontally _ vertically _45 degree) 3) Look for multiple beats of nystagmus (a few beats at the extremes of gaze can be a normal variant and is termed physiological nystagmus). * <b>nystagmus is fine oscillatory eye movement ,I'm not examining diplopia</b>
		
<b>Speech</b>	<b>Check for dysarthria</b>	Ask the pt to read any sentence or(خلة يقرأ سورة الفاتحه)حتى معودين مرضانا على كذا) <b>Cerebellar lesion result in slurred scanning speech [LISTEN HERE]</b>
<b>Coordination Upper limb</b>	<b>Finger nose test</b>	(A) Ask the patient to touch the tip of her nose and then your finger. (B) Move your finger from one position to another, towards and away from the patient, as well as from side to side.
		
	<b>Rapid alternating movement (Check for Dysdiadochokinesis)</b>	 in both hand!! <a href="#">video</a>
	<b>Rebound phenomena</b>	<a href="#">video</a> in both hand!!
<b>Coordination Lower limb</b>	<b>Heal shine test</b>	<a href="#">video</a> يحك ساقه بكعب قدمه الثانية من الانكل لين الركبه ثم يرجع مره ثانيه Negative: straight-line Positive: zigzag
		
	<b>Rapid alternating movement</b>	يكون منسدح واحط يدي تحت قدمه واقوله اخبط يدي(كنك تدعس عالفراجل) <a href="#">[video]</a> . فيه طريقة ثانية خصوصا لو هو قاعد Ask the pt to hold his heel on the floor ,tap the flood with his toes <a href="#">[video]</a> <b>Irregularly-Irregular Tapping Rhythm indicate cerebellar lesion</b>
<b>Gait</b>	<b>Ask the patient to walk</b>	<b>Observe:</b> <ul style="list-style-type: none"> <li>- Arm Swing: <b>no arm swing with parkinson</b></li> <li>- Base of Gait: <b>wide base gait means chronic ataxia</b></li> <li>- Heel Strike</li> <li>- Time Spent on Each Leg</li> <li>- Posture of Trunk</li> </ul>
	<b>Tandem Walking</b>	اقوله يمشي على خط (تخيل فيه خط قدامك) مهم تخلوا اطراف اصابعه تلمس كعب رجله الثانية
	<b>Toe Walking &amp; Heel Walking</b>	اخليه يمشي على اطراف اصابعه ثم على اطراف كعبه
	<b>Romberg's test</b>	اول شي اخليه يوقف واقوله بمد يديه ثم يغمض عينه (انتبه خلك حول المريض لا يطيح ويحيه شي) هنا احنا نفحص اليوستيريور كولم موش المخيخ بس دامك سويت القيت اقزامنيشن <b>U have To do it completely</b>
		
<b>Knee reflex</b>	<b>Check if there Pendular Reflex</b>	<b>Finish ur examination with knee reflex :to check if if there Pendular Reflex due to hypotonia</b> شوفي كيف البينديولر ريفلكس(فديو) بتعد ركبته تتأرجح

التنبهوا التنهوا التنهوا الكواردنيشن يعتبر جزء من المخيخ اقزامنيشن المشكله الي يقع فيها الطليه كل سنه كل سنه انه بحسب الكواردنيشن هي كل المخيخ اقزامنيشن فيطلع من الستيشن ميسوط بجيب فول مارك وهي مانعليها الاربع الدرجه ,ويجي بكره اوسكي سيرجري مخيخ اقزامنيشن ويكرر نفس اللط وعلى باله انه مدرك الدنيا وطاق عصفورين بحجر مادي انه باحياتي (o)قاعد ينزف بدون مايص

التركيب هنا اني اخليه يمد full extension  
 فما اصير مره قرييه  
 عشان بيان اذا فيه اي  
 اتاكسيا

## Abnormalities of Gait



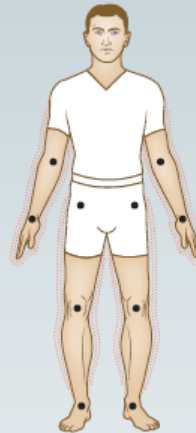
### A) Spastic hemiparesis

One arm held immobile and close to the side with elbow, wrist and fingers flexed. Leg extended with plantar flexion of the foot. On walking, the foot is dragged, scraping the toe in a circle (circumduction). Caused by upper motor neurone lesion, stroke.



### B) Steppage gait

Foot is dragged or lifted high and slapped onto the floor. Unable to walk on the heels. Caused by foot drop owing to lower motor neurone lesion.



### C) Sensory or cerebellar ataxia

Gait is unsteady and wide based. Feet are thrown forward and outward and brought down on the heels. In sensory ataxia, the patient watches the ground. With eyes closed, he cannot stand steadily (positive Romberg sign). In cerebellar ataxia, turns are difficult and patients cannot stand steadily with feet together whether eyes open or closed. Caused by polyneuropathy or posterior column damage, e.g. syphilis.



### D) Parkinsonian gait

Posture is stooped with head and neck forwards. Arms are flexed at elbows and wrists. Little arm swing. Steps are short and shuffling and patient is slow in getting started (festinant gait). Caused by lesion in the basal ganglia.