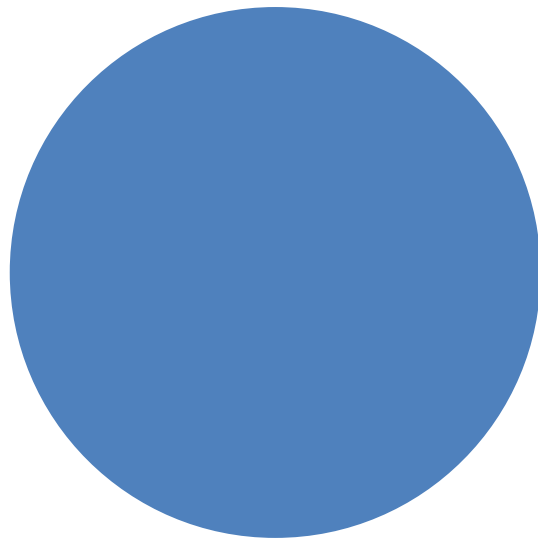


## Marking



■ Examination 60%

This 80 year old patient presents with weakness in his upper limbs. Perform a neurological examination of his upper limbs. Clarifying which dermatomes, myotomes and nerve roots where appropriate

Washed hands	
Introduces self	
Checks patient identity	
Offers analgesia	
Obtains verbal consent for interview	
Offers chaperone	
Undresses patient	
Inspection from end of bed – wasting/ fasciculation/deformity	
Assess tone	
Tests for pronator drift	
Assess power <ul style="list-style-type: none"> <li>• Shoulder Abduction – C5 (<i>axillary</i>)</li> <li>• Shoulder Adduction – C6/7/8</li> <li>• Elbow Flexion – C5 (<i>musculocutaneous</i>)</li> <li>• Elbow Extension – C7 (<i>radial</i>)</li> <li>• Wrist Flexion &amp; Extension – C6/7 (<i>radial</i>)</li> <li>• Finger Flexion – C8 (<i>median</i>)</li> <li>• Finger Extension – C7 (<i>radial – posterior interosseous</i>)</li> <li>• Finger Abduction – T1 (<i>ulnar</i>)</li> <li>• Abductor pollicis brevis – T1 (<i>median</i>)</li> </ul>	
Reflexes Biceps – C5/6 Triceps – C7/8 Supinator – C6/7	
Coordination – Test for dysmetria/past pointing and dysdiadokinesis	
Sensation C4 – Superior aspect of shoulder C5 – outer aspect of arm C6 – lateral forearm into lateral thumb C7 – middle finger C8 – Little finger T1 – medial aspect/ulnar boarder of lower arm T2 – medial boarder of upper arm into axilla	
Test spinothalamic tract – pin prick in dermatomes	
Posterior column – proprioception	
Offers to help patient dress	
Thanks patient	
Asks if any questions	
Correctly summarises	
Patient mark	

