

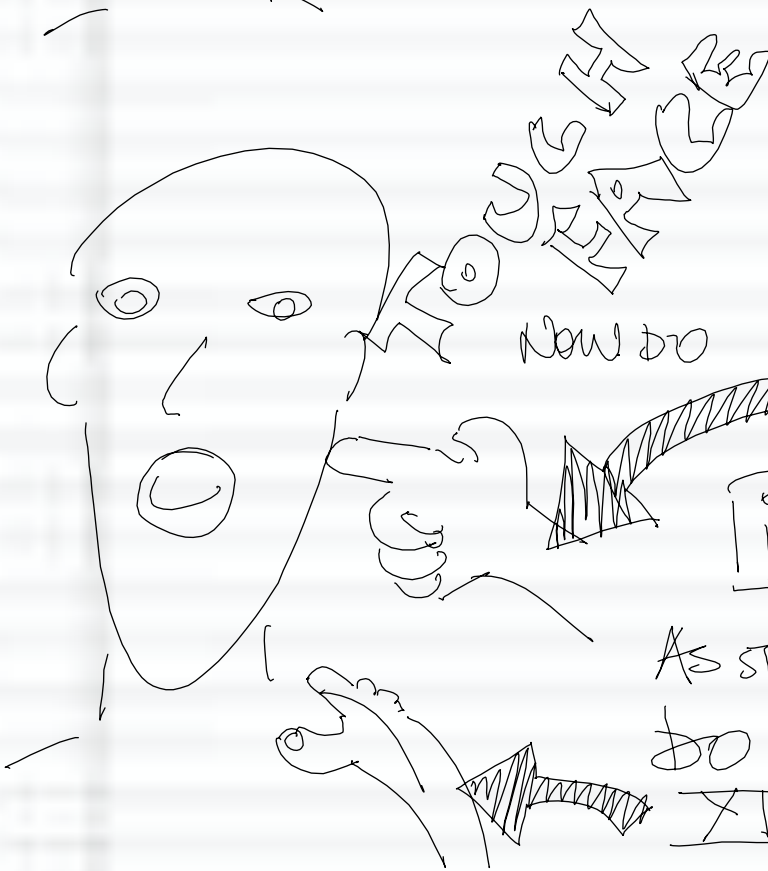
CRANIAL NERVE APPROACH

4 MAIN STG'S
 A 5th⁺



START WITH
 EYES (+NOSE)

- Pupils
- Acuity
- Fields
- APD
- movements
- + smell.



Now do V + VII

PLUS

As still touching

do
 VI

Sensory to 3 segments
 Temporal + Masseter strength

Forehead
 close eyes
 puff cheeks
 grimace

corona

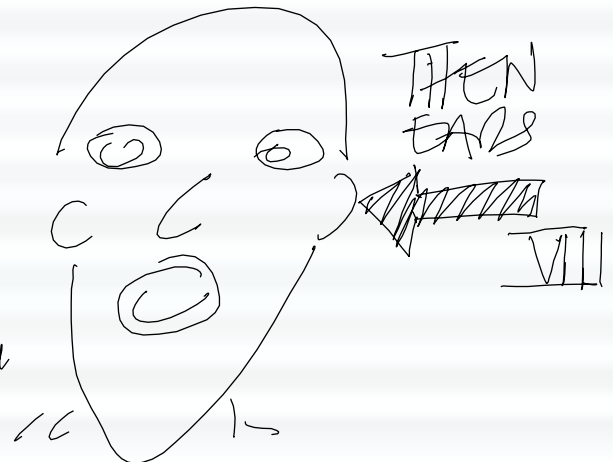
Shrug shoulders



THEN DO
 IX X XII

cough
 vlna
 speak
 rath

poke out tongue



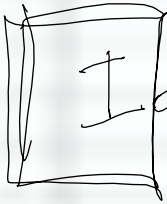
THEN
 EARS

VIII

EYES +



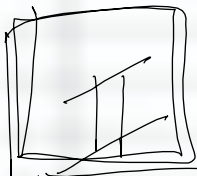
Nose



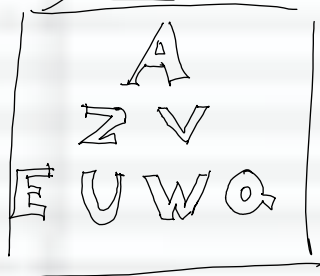
I OLFACTORY

"Any problems with your SMELL OR TASTE?"

Remember CN VII supplies
 Anterior $\frac{2}{3}$ TONGUE
 CN IX supplies POST $\frac{1}{3}$ tongue
 GLOSSOPHARYNGEAL



EYES — BUT NOT MOVEMENTS YET.



SMELL (1)
 ACUITY



FIELDS (2)
 (confrontation)

FUNDI (3)

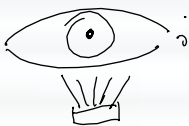
(4) PUPILS

LIGHT + ACCOMMODATION
 CAN BE AFFECTED
 BY MIDBRAIN LESION.

Afferent Pupillary DEFECT

RIGHT

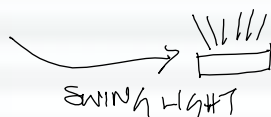
LEFT



GET DIRECT +
 CONSERVATIVE



GET DILATION
 ° LESION IS ON
 LEFT.



Afferent ARM is

OPTIC NERVE

CN II.

CN III → constricts.
 pupils.

MORE EYES.

OCULOMOTOR
III

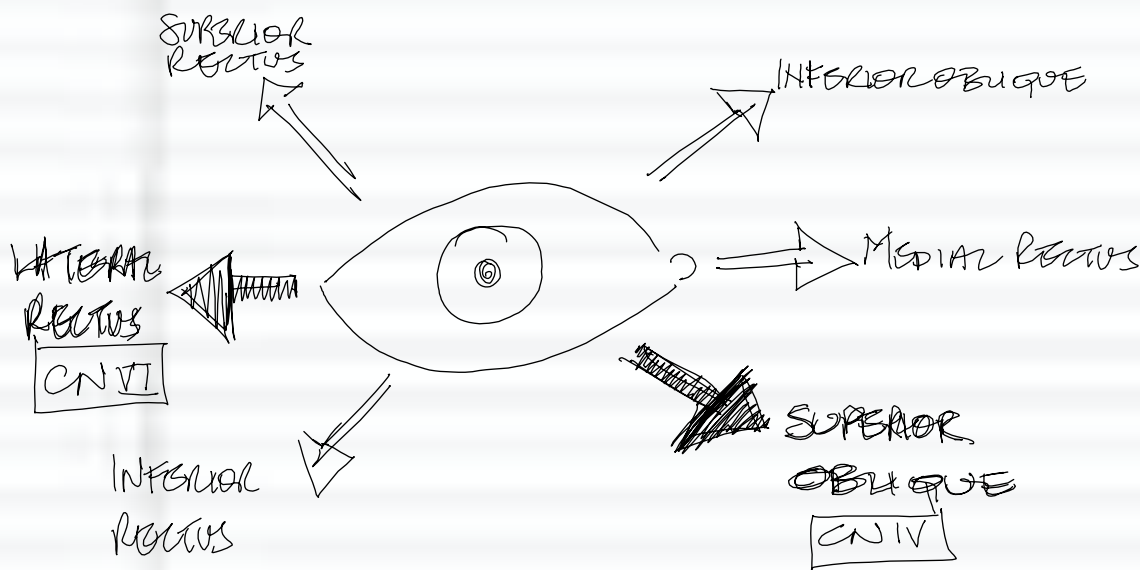
TROCHLEAR
IV

ABDUCENS
VI

LR₆ SO₄.

moves eye
laterally

Intorts the eye
is IN AND DOWN



Remember : LATERAL RECTUS + MEDIAL RECTUS
HAVE PURE MOVEMENTS.

If can't look and down (intort) it is CN III

If can't look laterally it is CN VI

EVERYTHING ELSE IS CN III [PTOSIS
DILATED PUPIL
DOWN + OUT]

EVEN MORE EYES

Do you see DOUBLE?

NEXT TO EACH OTHER? (IF YES
LAT/MED Rectus muscles)

"Separation is greatest in the direction in which the muscle that is affected has its PUREST (motion) Action"

o o ASK - where is the image most separated.

cover one eye - if lateral image disappears.
=> THAT'S THE EYE.

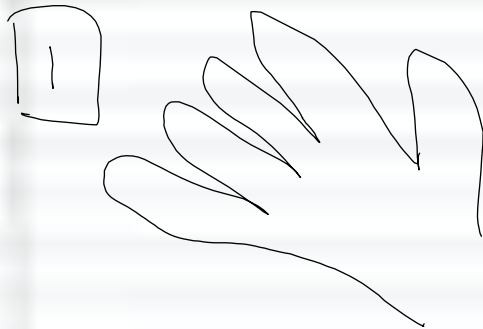
CARDIOVASCULAR EXAM

MAIN PARTS

- ① FINGERS
- ② PULSE
- ③ HECK
- ④ FEEL CHEST
- ⑤ LISTEN TO CHEST
- ⑥ MOVE THE PATIENT

WHAT ARE WE TRYING TO FIND?

- COARCTATION?
- MR
- AS
- MS
- AR
- CARDIOMYOPATHY



Only looking for

1. CLUBBING
2. SPINTER HAEMORRAGES
3. PERIPHERAL CYANOSIS
4. ??? (NICOTINE STAINS)

2 TAKE THE PULSE

Radial - Radial delay

- Subclavian a. stenosis
- Atherosclerotic plaque
- Direction

Radial - Femoral delay - Coarctation
[may have murmur]

THINK

— In Radial-Femoral Delay = COARCTATION

PLUS these 7th have MID SYSTOLIC MURMUR

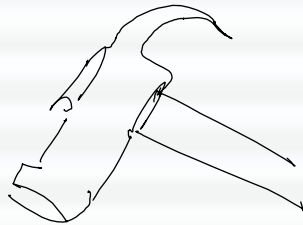
Check for RUST IN WRIST

— Regular? — if irregular is it AF? [THINK MITRAL VALVE]

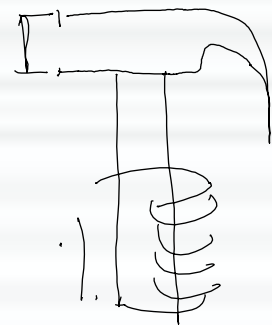
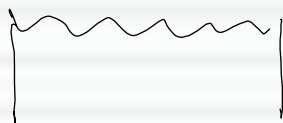
— Is it collapsing? = AR

— Is it good vol? = AS is small vol (may need cardio)

Look for



WATER HAMMER



CAROTID

Aortic valve is incompetent
and blood flows into
aorta during diastole

IS IT COLLAPSING? = AR

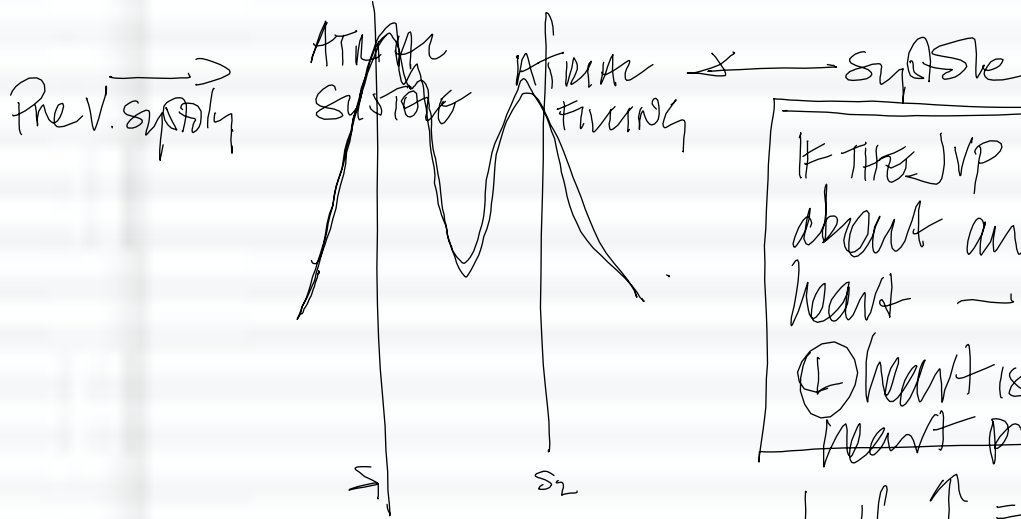
I think that's the main
one to pick up!

Present with SOB
+ LVF.

EARLY DIASTOLIC MURMUR
leanpt forward in full expiration

(A) cause = IE
= RHF
Congenital = Bicuspid valve

LOOK AT JVP — IT TELS US ABOUT (R) HEART



If the JVP is raised then think about an issue with right heart — but beware an (L) heart issues can cause (R) heart problems.

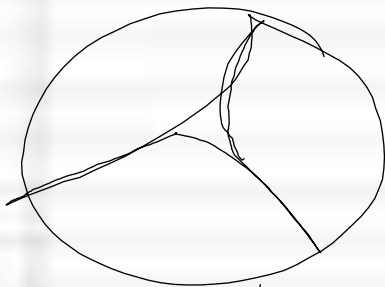
ie TR, CUSPID

If ↑ = RVF or TS

If ↑ a wave = TS

If ↑ v wave = TR
 (consider with systolic)

TS



Almost always rheumatic
 usually also have mitral + aortic dysfunction

TR ⇒ (R) sided heart failure

from leaflets + chordae

or from (R) ventricular dysfunction + dilatation

Causes

ie

Rheum heart disease

Ebstein anomaly
 (displaced, malformed)
 tricuspid leaflets
 + atrialization of
 (R) V.

TS

What will you see?

Pt presents with fatigue 2° ↓ output

↑ JVP and ↑ a wave
(often in AF - a wave lost)

CHF - Diastolic murmur
↑ with inspiration

TR continued.

What do you expect to find?

Pt presents with signs of RHF

If it is associated with LHF
will have L heart $S_4 + S_3$.

↑ JVP

↑ v wave.

CHF → PANSYSTOLIC MURMUR
- ↑ with Inspiration
↓ valsalva.

— There may be
early diastolic
rumble
due to ↑ flow
across Triangular
valve.

RESPIRATORY EXAM.

Its about



HANDS

Clubbing

Nicotine stains

Wasting + weakness C8 T1

—small muscle atrophy

WRIST PAIN — HPOA (small cell ca)

ASTHMA — CXR

FACE



General appearance.

Enos — Horner's

—Tumor

—apex lung
—neck

MOUTH — Cancer.

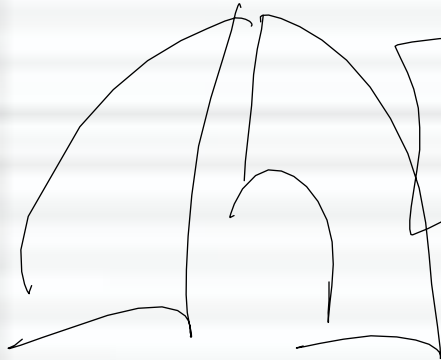
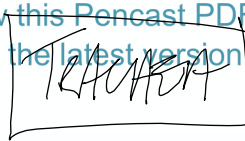
—central cyanosis



PERCussion's sign

8VC obliteration.

⇒ Flaccid plethora.



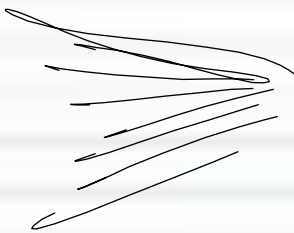
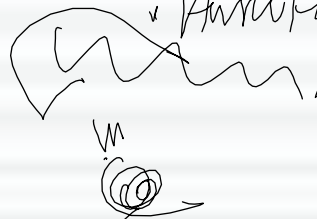
DO POSTERIOR FIRST

- Look for scan etc
- feel — nodes. — symm / axillary.

- perian
- Annulate.

— Vocal resonance 99
 (curled = 99)

— Whistling petriologi
 clear in correlation.



FORESP EXPIRATORY TIME

Full breath + breath out fast

$\leq 3\text{sec} = \text{Normal}$

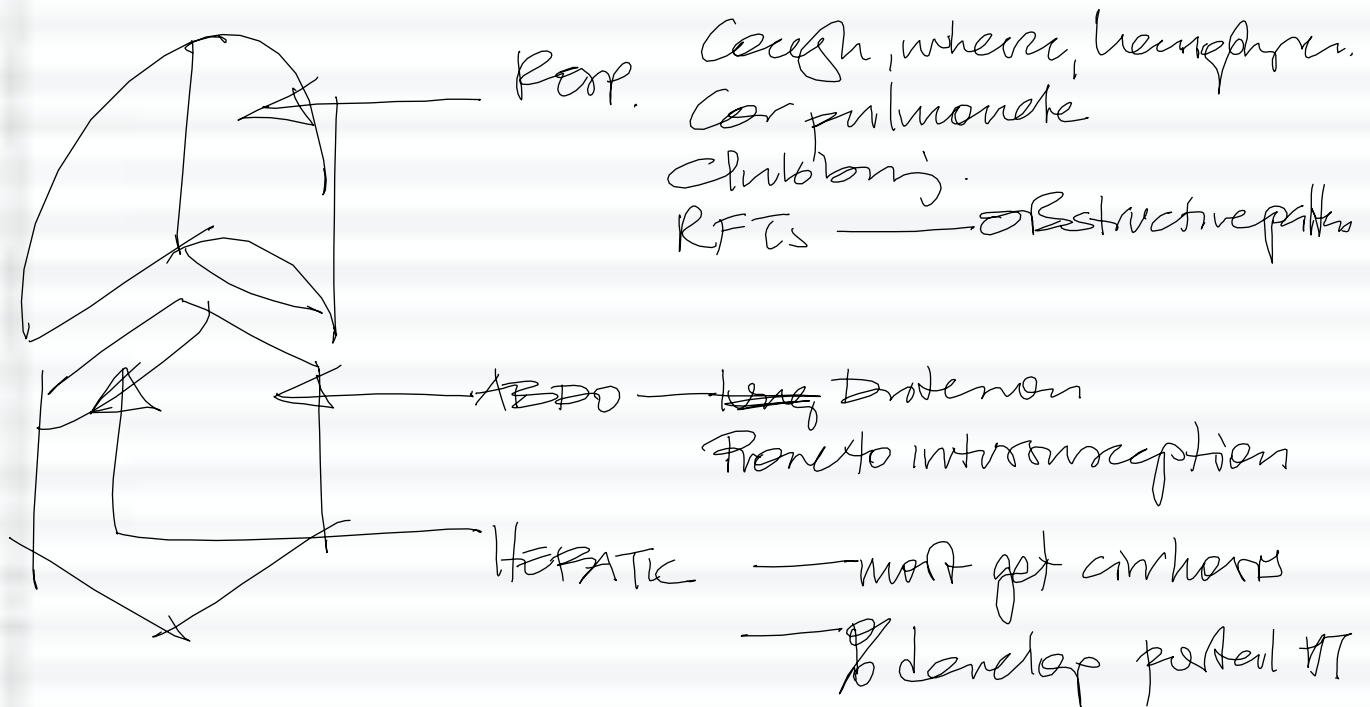
$> 3\text{sec} = \text{obstruction}$

CONDITIONS TO KNOW - Resp.

CYSTIC FIBROSIS Autosomal Recessive 1:2000 Caucasian DMs.

CLINICAL

Children have recurrent chest infections
Bronchiectasis
Pancreatic insufficiency
Diabetes
Distal Intestinal Obstruction Syndrome
Males - Infertile
Females - Subfertile.



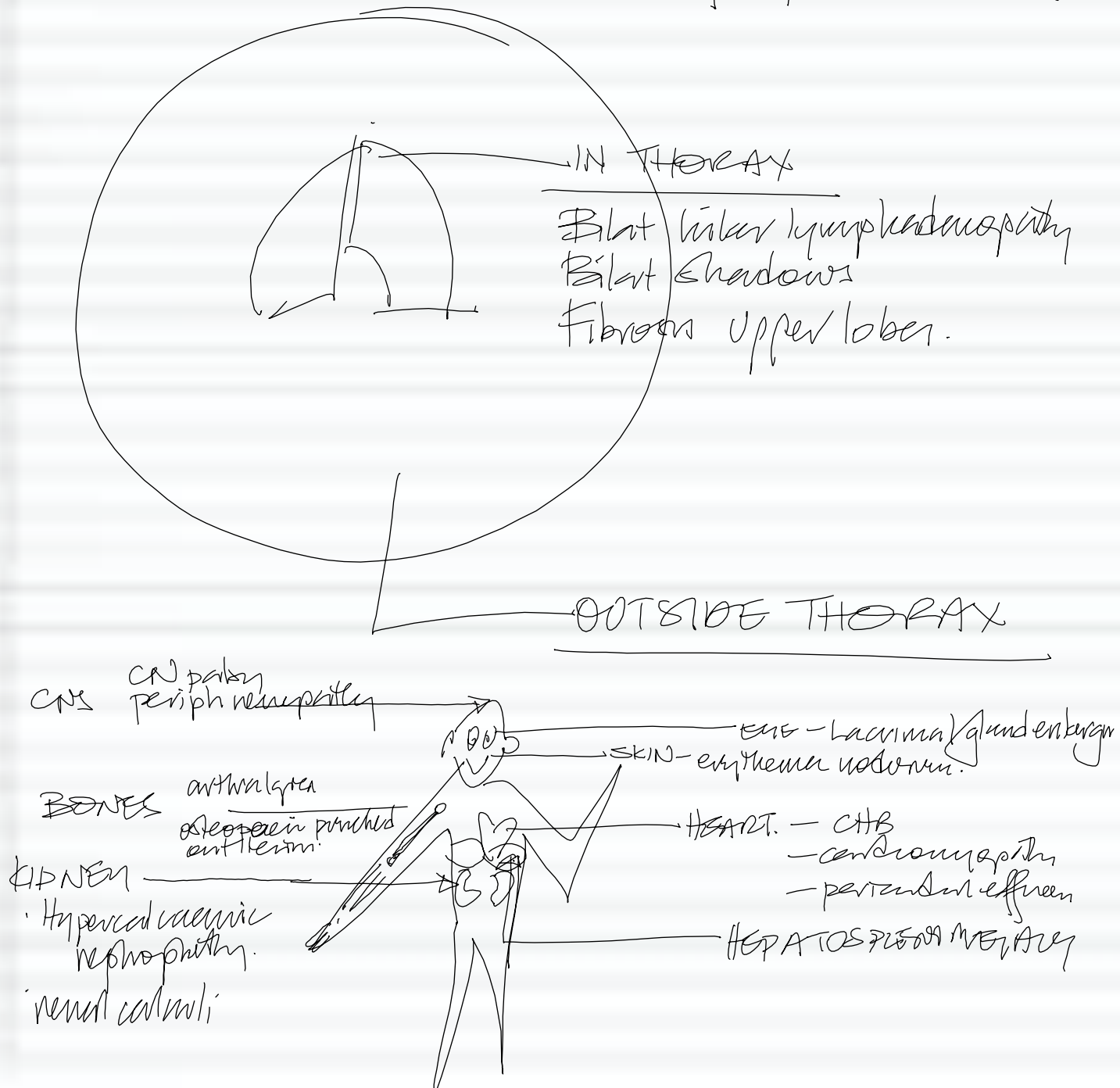
95% of male infertile
DM - About 10% develop this.

CONDITIONS TO KNOW - PEST.

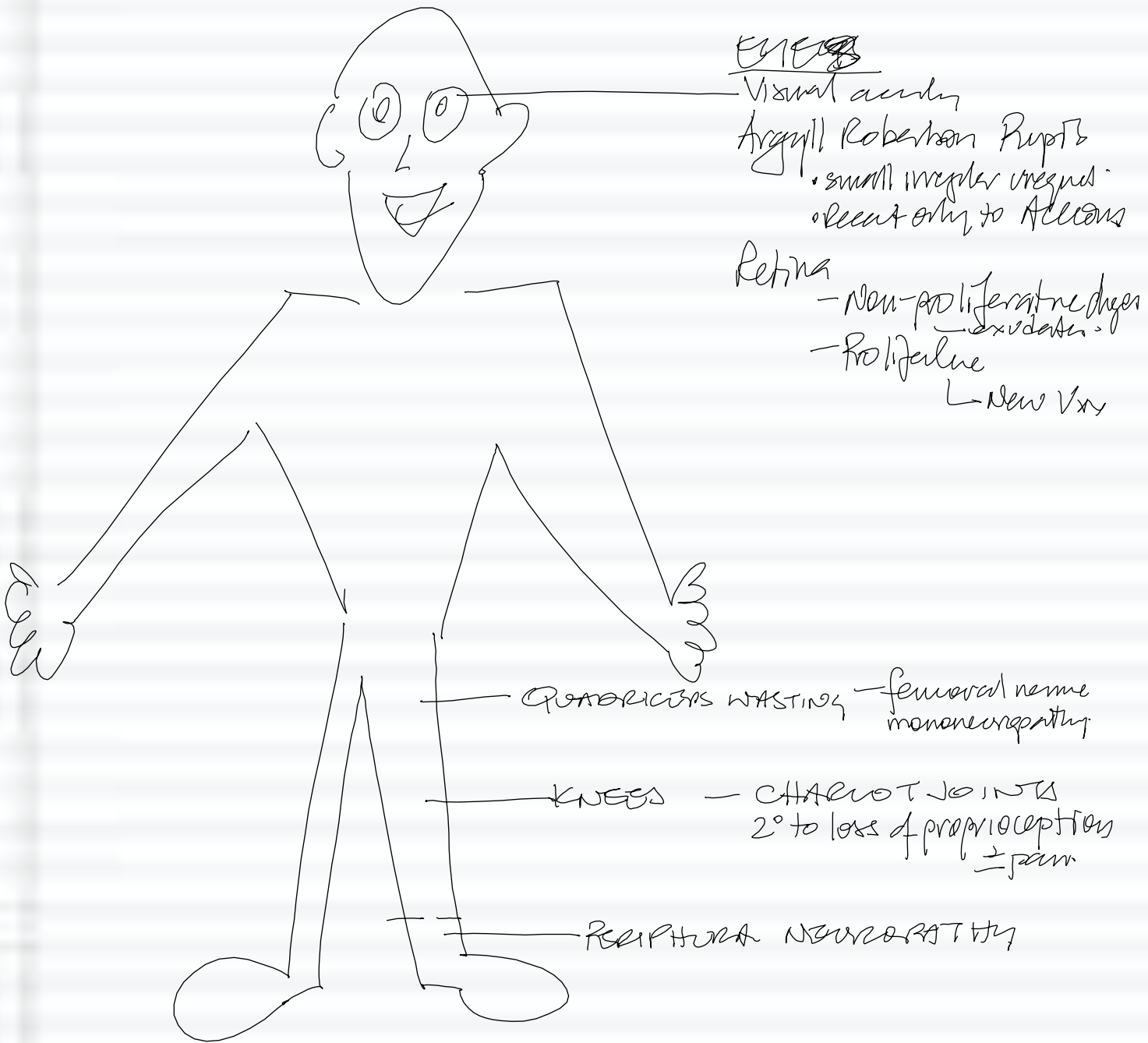
SARCOIDOSIS

Affects young adults most commonly.
Unknown cause.

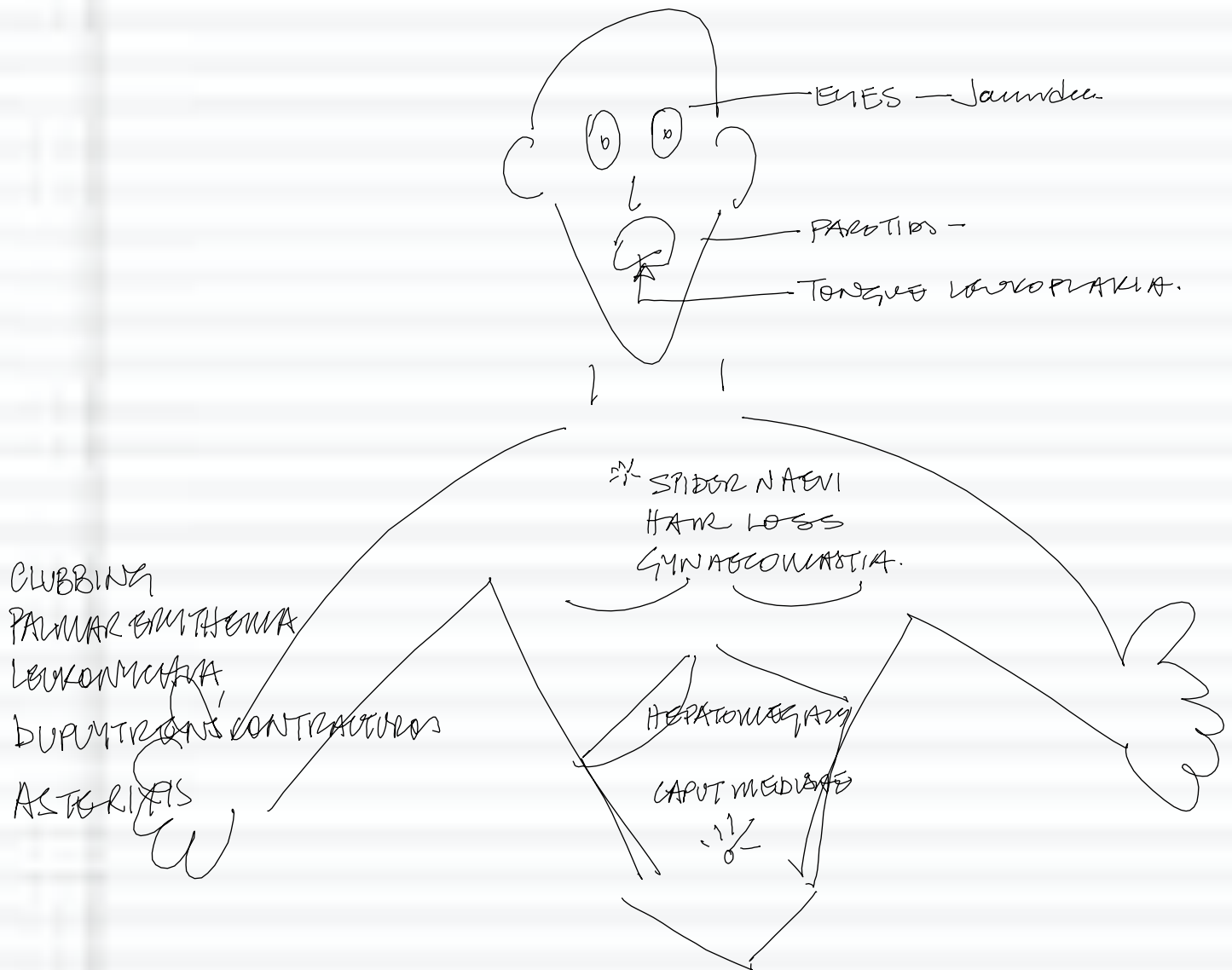
CHARACTERISED BY NON-CASEATING GRANULOMATA.



DIABETES - MUST KNOW!



STIGMATA OF ALCOHOLIC LIVER DISEASE



GASTRO EXAM - KEY ELEMENTS

* Look for jaundice.

- Renal failure
- ↓ Albumin
- Lymphoma

HANDS → look for clubbing + leukonychia

ARMS → bruising, petechiae, spider naevi

FACE — Eyes + mouth.

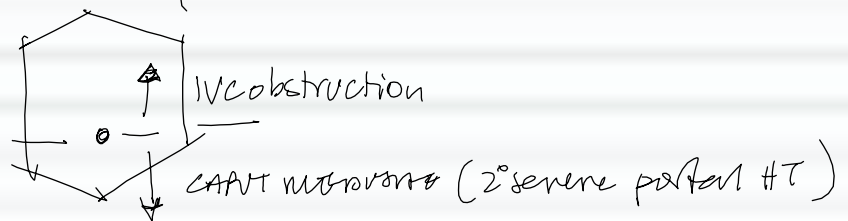
NECK → VIRCHOW'S node ⊕ supradavicular area.

CHEST → Gynecomastia + spider naevi.

ABDO → MOST OF THE MONEY IS HERE!

LIVER SIZE. — upper border 6th RIB mid clav. line.
— span < 12.5cm mid clav. line.

VEINS (especially around umbilicus).



SHIFTING DUMMIES.

Remember Dominant hemisphere controls language + maths.

HIGHER CENTRES

There are only 3 components:

① HANDEDNESS

Most people are (L) hemisphere dominant.
(94% of (R) handed and 50% of (L) handed)

② ORIENTATION

PERSON PLACE TIME

③ SPEECH

DYSPHASIA

(Dominant cortical disorder)

Ask pt to describe room

RECEPTIVE - can't understand commands

EXPRESSIVE - understands but can't answer

NEOLOGICAL - can't name.

CONDUCTIVE - can't repeat, name or follow commands.

Test spectrum

① Hammer on object (pen)

② Say "No ands ifs or buts"

③ Touch (L) ear with (R) index finger.
[parietal]

④ Write something - parietal

⑤ Read and do what says "close eyes"

DYSARTHRIA

"Peter Piper picked a peck of pickled peppers"

This could be cerebellum

DYSPHONIA

Altered voice quality
2° to vocal, recurrent laryngeal nerve palsy.

IF ABNORMAL TEST LOBES

PARIETAL

DOMINANT

• Acakulia

• Agraphia

• (L) → (R) finger agnosia

DOMINANT / NON-DOMINANT

• Astereognosis

• Graphothesia

NON-DOMINANT

Dressing apraxia

Constructional apraxia



Spatial neglect (R) (L) ignores (R) side

FRONTAL

Primitive Reflexes — GRASP (grasp control. to hand)
— FOOT + SNOOT.

Proverb "Rolling Stone..."

Gait Apraxia — feet glued to floor.

TEMPORAL

— name

— address

Short + long term memory — 3 flowers

WWII end?

Test Confabulation (Korsakoff's)

"Have you ever seen me before?"

Are you right or left handed?

Do you know where you are / what time it is / who I am?

Can you describe the room?

Name this (pen). — nominal

Say "no ands ifs or buts" — receptive + expressive.

Touch (L) ear with (R) index finger [dominant parietal]


Write something [dominant parietal]

Subtract 7 from 100 — countme [dominant parietal]

Can you tell me what number I am drawing on your palm?
CP (motor)

What is this object I have put in your hand [som] parietal.

Can you show me how you would button up a shirt [motor parietal]

Can you draw a house with a chimney? 

Can you fill in the clock face 

I will ask you to remember 3 things.

Can you tell me when WW II ended (or other) [Temporal]

What does "a rolling stone gathers no moss" mean to you?
Frontal.

Examine — primitive reflex + gist.