

Introduction:

W Wash Hands

I Introduce Yourself + Check Patient's Identity

P Permission

P Patient Position + Pain

E Explain

Patient must be placed at 45° and limbs exposed

Equipment:

Cotton Wool

Neurotips

Tendon Hammer

128Hz Tuning Fork

General Inspection:

S Symmetry (Posture - Truncal Ataxia)

W Wasting

I Involuntary Movements

F Fasciculations

T Tremors

Speech Abnormalities Cerebellar Disease = Slurred staccato speech

Medical Paraphernalia Waking/Hearing Aids

Truncal Ataxia is associated with *midline cerebellar lesions*

Face:

Nystagmus: Tell patient to follow your finger in a "H" shape across 30° of their FOV - >30° can cause pathological nystagmus

Speech: Patient repeats the phrase "British Constitution" - Mention *Scanning Speech*

Ask patient to sit at side of bed

Upper Limb Examination:

Check for pain

Rebound: Patient puts both arms straight out, push down on one, observe for rebound

Upper Limb Examination: (cont)

Tone: **Increased:** Clasp Knife Rigidity, Cog Wheeling, Lead Pipe Rigidity
Decreased: LMN Lesion

Dysdiadokinesis: Rapidly alternating supination + pronation

Past Pointing/Intention Tremor: Finger to nose test

Reflexes: **Compare right to left**
Brachioradialis - C5,6
Biceps - C5,6
Triceps - C7,8

Lower Limb Examination:

Check for Pain

Tone: Roll the relaxed leg from side to side and watch foot => Decreased tone
Flex and extend knee quickly Less movement => Rigidity

Clonus: *Ensure no pain*
Relax foot
Hold lower leg with one hand and extend the ankle joint with the other
Suddenly dorsiflex ankle and hold in position
Compare with other leg

Dysdiadokinesis: Heel-Shin Test

Foot Tapping

Reflexes: Ankle Reflex - S1,2
Patellar Reflex - L3,4

Clonus is seen in **UMN lesions**
Reflexes may be **present/absent**, or **reduced/brisk**

Gait Examination:

Ask if the patient experiences trouble walking

Walk to end
of bed:

Observe:

- Arm Swing
- Patient Turning

Heel-Toe Walk

Romberg's
Test:

Stand Close to Patient

Falling without correction = **Positive**

Swaying with correction = **Negative** but could be due to truncal ataxia

Romberg's Test: Patient stands with *feet together and eyes closed* with arms by their side



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Not published yet.
Last updated 3rd May, 2025.
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Cerebellar Signs:

DANISH

D	Dysdiadochokinesia
A	Ataxia
N	Nystagmus
I	Intention Tremor
S	Slurred Speech
H	Hypotonia/Hyporeflexia

SPINDAR

S	Staccato Speech
P	Past Pointing
I	Intention Tremor
N	Nystagmus
D	Dysdiadochokinesia
A	Ataxia
R	Rebound

Causes of Cerebellar Dysfunction:

PASTRIES

P	Paraneoplastic	
A	Alcohol	
S	Sclerosis	
T	Tumour	
R	Rare	Fredrich's Ataxia, MSA, Ataxia Telangiectasia
I	Iatrogenic	Phenytonin
E	Endo	Hypothyroidism
S	Stroke	Vertebrobasilar

MSA = Multiple Systems Atrophy

