

### 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 *Stand Close to Patient*  
Test: 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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### 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



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