

Forbes Quick Neurological Examination
Patient Record

Patient Name	Examiner	Date

NB - Patient sits in chair or on edge of examination couch, and removes socks and shoes (is OK to have thin tights on, as long as you can see great toe)

Task		Tick or enter
1. <i>Walk</i>		
	Walks to chair or from chair to couch	OK
2. <i>Talk</i>		
	Someone who can deliver a coherent history is unlikely to have a significant language problem	OK
3. <i>Vision</i>		
	Have they been to an optician recently?	OK
	Snellen chart corrected with pinhole or glasses	RA = 6/.... LA = 6/....
	Visual Fields - check both temporal fields with index finger raised simultaneously in each field.	OK
	Eye movements - check horizontal and vertical movements - sustained nystagmus is abnormal	OK
	?Papilloedema - always refer if new finding	Yes / No
4. <i>Face</i>		
	Eye closure - prise eyes open?	Yes / No
	Lip closure - prise lips open either side?	Yes / No
5. <i>Upper Limb</i>		
	Pronator drift - arms out, palms up, close eyes, hold for 5-10 seconds	No drift
	Finger-nose test - accurately touch nose with each hand	Yes / No
	Shoulder abduction	OK
6. <i>Lower Limb</i>		
	Hip flexion	OK
	Knee extension	OK
	Ankle jerk - remember the tibialis anterior will oppose the ankle jerk, let foot relax	OK
	Plantar response - first toe down is normal	OK
7. <i>Other</i>		
	BP / Heart / Meningism / etc -other relevant findings you wish to record	

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Notes on using this Quick Neurological Examination:

- 1 +2. You observe your patient entering your room, and you take their history
3. You examine eyes (4 moves)
4. You test facial strength (2 moves)
5. You assess upper limbs (3 moves)
6. You assess lower limbs (5 moves)
7. You do anything else relevant (x moves!)

This examination has been devised on the basis of clinical experience, validation and reproducibility work is about to start.

It will screen for the major neurological signs that indicate serious neurological disease – these signs potentially can change patient management.

Historically a neurological examination was the only means of determining nervous system health - imaging has replaced most of this, but some signs still have value.

I cannot emphasise this next point enough – YOU NEED TO USE YOUR WIT AND INTELLIGENCE WHEN USING FQNE!

The 6 core parameters - Walk, Talk, Eyes, Face, Upper Limb and Lower Limb are almost always complemented by some other sign:

- e.g.
1. ?Lumbar Disc – perform straight leg raising
 2. ?Parkinson's Disease – assess upper limb tone or test for bradykinesia
 3. First Seizure – record pulse rate, rhythm and check for birth marks
 4. Headache – rash, meningism, Horner's

The list is as endless as neurology itself.

Having said that – in low risk scenarios – the 6 steps serve as an adequate screen – I use it myself in out-patients and in the wards. It only works because I have taken a clinical history and can supplement it with a targeted search for relevant signs. Remember most mistakes in medicine are not made from not investigating or treating or not knowing latest research– it's from not taking a history or examining your patient – this quick exam is much better than no exam, or an exam of non-discriminating signs.

Feedback would be interesting if you have time:

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Thanks

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