

# Cerebellum

Signs are **ipsilateral**

- Key findings: clumsiness with problems of coordination

## Inspect

- **Nystagmus** – follow finger test
- **Speech** – “baby hippopotamus”
  - ↳ ?jerky, loud, explosive (ie not normal flow)

## Upper Limbs Exam

- **Quick tests:**
  - Cerebellar drift:
    - Pt eyes closed
    - Arms out straight
    - +ve: arms will drift downwards 2<sup>nd</sup> to hypotonia
 ↳ different to pronator drift as seen in UMN lesions  
 (↳ arms out, palms up. +ve: hands drift to pronation 2<sup>nd</sup> to ↑ tone in pronators)
  - Rebound Test:
    - Eyes closed
    - Arms out straight, tap hand away from starting position and ask pt to return hands
    - +ve: unable to return arms to orig posn 2<sup>nd</sup> to lack joint posn sense
- **Tone**
- **Finger nose:** - (must be done at full stretch)
  - ?intention tremor (↑ tremor as target approaches)
  - past pointing
- **proprioception**
- **vibration sense**
- **disdiadocokinesia**

### Differential Diagnoses

- Unilat ≈ lat medullary syndrome
- Midline ≈ truncal ataxia
- Bilat ≈ MS
- UL spared ≈ alcohol

## Lower Limb

- **tone**
- **co-ord tests:**
  - tap foot on hand
  - toe to finger
  - heel shin – repeat 3 times

## Head

- check cranial nerve 5-8
  - ↳ ≈ cerebellar pontine angle lesion:
    - ipsilat deafness
    - nystagmus
    - ↓ corneal reflex
    - facial weakness

## Standing & Gait

- Truncal ataxia – pt to sit up without using arms and then stand
- Rombergs – stand with eyes closed
- Gait
  - Normal walk
  - Heel to toe
  - Tip toes – testing S1
  - Heels – testing L4/L5
  - Squat – clear hips for proximal myopathy

## **Offer to Examiner**

- Complete full neuro exam including reflexs, observations
- Fundoscopy