

# Parkinsons Exam

Signs are **contralateral**  
↳extrapyramidal tracts

## History

### HPC

- Name, age, occupation
- When diff's 1<sup>st</sup> noticed
- Who noticed them first
- High yield questions:
  - Tremor – uni/bilat?
  - Memory
  - Hallucinations – disease & meds
  - Depression
  - Speech
  - Swallowing/drooling
  - Bradykinesia
  - Walking difficulties/falls
  - ADLs

### DH

- Current meds?
- Ever used **levodopa**?:
  - ?response
  - ?variation with time/dose
  - side effects

## Examination

- idiopathic parkinsons ⇒ UMN signs

### Inspection

- face – mask like
- posture - stooped
- lack spont movements

### Tremor

↳starts unilateral – goes bilateral in ~3yrs

- rest: pill rolling
- finger nose – faster movements ⇒ action tremor
- if no tremor: get pt to reinforce: count backwards in 7s from 100
- look for:
  - resting tremor
  - bradykinesia

Intention tremor ≈ cerebellum  
↳= worsens closer to target  
Action tremor ≈ see in parkinsons  
↳constant thru range

### Tone

- high tone - lead pipe
- cogwheel rigidity = tremor on top of lead pipe tone  
↳reinforce by getting pt to move contralat arm
- check tone in LL also

### Head

- inspect:
  - ↓blinking
  - dribbling
  - lack expression
  - titubation (nodding head)
  - greasy forehead (autonomic dysfunction)
- “West register street” ?quiet voice
- eye tracking H pattern : isolated failure of upward gaze
- Glabellar tap test – tap middle forehead

↳+ve if pt stops blinking after couple of taps

### **Hands**

- Ask pt to play piano with fingers
- get pt to write something ≈ ?micrographia

### **Gait**

- rise from chair
- walk to ....., stop, turn around, come back
- look for:
  - shuffling, difficulty starting movement
  - once start cant stop

### **Offer to**

- bp? ≈ post hypotension - Sitting and standing
  - ↳due to autonomic dysfunction