**Parkinsons Exam**

### History

**HPC**
- Name, age, occupation
- When diffs 1st 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

#### 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

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**Signs are contralateral extrapyramidal tracts**

**Intention tremor ≈ cerebellum**
- worsens closer to target
**Action tremor ≈ see in parkinsons**
- constant thru range
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