
Conducting a Neurological Exam in Psychiatry

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Introduction: In most psychiatric units, a medical consultant (either an MD or an NP) is responsible for conducting an admission H and P for all patients, which includes a brief neurological exam and a cranial nerve screen. However, some units have a policy of requiring the attending psychiatrist to do some portions of the physical exam, and this may include a brief neurologic exam. In this factsheet we give you a brief refresher course on how to do the standard neurologic exam.

Focused Neurological Exam Components

1. Cranial Nerves:

- I (Olfactory): Briefly assess the sense of smell by asking the patient to identify common odors with each nostril separately.
- II (Optic): Check visual acuity and visual fields. Inquire about any changes in vision.
- III (Oculomotor), IV (Trochlear), VI (Abducens): Evaluate eye movements by following your finger in an "H" pattern. Examine pupil reactions to light.
- V (Trigeminal): Assess facial sensation by lightly touching the forehead, cheeks, and jaw.
- VII (Facial): Evaluate facial symmetry by asking the patient to smile, frown, and close their eyes tightly.
- VIII (Vestibulocochlear): Screen for hearing loss by whispering a word in each ear while masking the other.
- IX (Glossopharyngeal), X (Vagus): Check for palate elevation and gag reflex. Assess speech quality for hoarseness.
- XI (Accessory): Evaluate shoulder shrug and head turn strength against resistance.
- XII (Hypoglossal): Assess tongue protrusion for symmetry and strength.

2. Motor System:

- Observe for involuntary movements, muscle wasting, or abnormal postures.
- Assess muscle tone and strength by asking the patient to push or pull against your hand with their arms and legs.

3. Reflexes:

- Check biceps, triceps, and Achilles reflexes using a reflex hammer.
- Perform the Babinski test to check for pathological reflexes.

4. Sensory System:

- A brief check for gross sensory deficits can be done by asking about any areas of numbness and then testing light touch and pain with a pinprick in those areas.

5. Coordination:

- Ask the patient to touch their nose with their finger, then your finger, alternating rapidly to assess coordination.

Questions to Guide the Exam

- "Have you noticed any changes in your vision or hearing?"
- "Do you feel any weakness or numbness in your limbs?"
- "Have you experienced any problems with your balance or coordination?"

Special Considerations

- For patients on antipsychotics, pay attention to extrapyramidal symptoms (EPS) such as tremors, rigidity, and involuntary movements.
- In patients with diagnoses like bipolar disorder or schizophrenia, assess for tardive dyskinesia and other movement disorders.

Engaging Less Cooperative Patients

- Explain each step of the exam in simple terms, reassuring them of its importance.
- Prioritize non-invasive, observation-based assessments if the patient resists physical examination.
- Utilize rapport-building techniques to increase patient cooperation.