

The neurologic exam

Is it extinct?

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Although I am on trauma surgery rounds, the aspiring neurologist in me is excited; our patient is complaining of lower abdomen and right leg numbness. I sprint through possible localizations in my mind, thinking of what we might find on her physical examination: Brown-Séquard, anterior cord, radiculopathy, peripheral nerves. Which dermatomes are involved? What does she mean by numbness anyway?

My thoughts are interrupted by the words “We’ll get an MRI,” and the team promptly moves on without so much as laying hands on our patient. My excitement is crushed, but I reason that regardless of what we found on physical examination, we would likely obtain spine imaging anyway.

Nonetheless, my curiosity and the prospect of investigating a neurologic complaint on a surgical service prompts me to dig my tools out of my bag. I recall my reflex hammer and tuning fork, which had once filled up my white coat pockets, now buried underneath surgery review books and extra suture I had gleaned over the weeks; I stash them proudly in the back pocket of my scrub pants and head back to see this patient. The clink of the hammer and tuning fork against each other with each step is pleasantly reminiscent of my neurology rotation not too long ago. The neurologic examination has been one of the most daunting skills to acquire in medical school. It remains a work in progress, as I pick up subtle tricks and techniques from different neurologists who have perfected their routines. Perhaps no other physical examination is as perplexing to the patient. Why move your finger to your nose, your heel to your shin, or worry whether your toe is up or down?

I enter the patient’s room hoping to come away with a better sense of the characteristics and localization of her numbness. I introduce myself to the group at her bedside in the intensive care unit, then begin my poking and prodding. What happens next surprises me; rather than being frustrated that yet another person is examining her, the patient and her family begin thanking me profusely. I am confused—what have I done that could be worth thanking?

Although my examination shows normal sensation and strength, I leave with an entirely unexpected realization, completely irrelevant to the patient’s symptoms; the neurologic examination is much more than a data-gathering tool. Strangely, it serves to reassure patients that they are being taken care of. The beauty of the neurologic examination lies in how extensive it can be, requiring the patient’s collaboration and the neurologist’s time. While testing this patient’s sensation, she tells me that she is an occupational therapist with a passion for healing others. As I test her strength, I learn her husband is in the military, currently deployed. As I elicit her reflexes, I discover the people at her bedside are her daughters, concerned about their mother who has been injured in a car accident.

This scenario repeats itself over and over again with different patients, and I realize that performing a neurologic examination serves to cultivate a relationship and create an atmosphere of caring. Yes, we have advanced imaging techniques that allow us to visualize the intricacies of the brain and spinal cord. An MRI could tell us whether or not there was a lesion. But nothing can replace the therapeutic value of the doctor’s touch and the partnership it creates with the patient. The neurologic examination does just that.

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