Notable from Our Podcast

The March 20, 2018, featured interview highlights a *Neurology*® *Genetics* article on genetic testing for hereditary ataxia. For the “What’s Trending” feature of the week, you will hear a discussion on updates to Maintenance of Certification requirements. NPub.org/podcast

Author Tip

About the *Neurology* Resident & Fellow Section

This section, developed for the trainee readership, will keep you up to date on issues related to training and career considerations, as well as support the development of lifelong learning skills. This section is trainee-run: a team of residents and fellows is responsible for writing, reviewing, editing, and publishing articles of interest to trainees. The group is also responsible for initiating and developing other unique projects, including podcasts, other electronic communications, a website, and new subsection ideas. Weekly e-Pearls, or email pearls, have been sent to residents nationwide since July 2008. An archive of e-Pearls can be found at n.neurology.org/epearls/archive.

From the AAN Press Room

Visit AAN.com/pressroom for the latest press releases.

Simple walking test may help make difficult diagnosis

There is a cause of dementia that can sometimes be reversed, but it is often not diagnosed because the symptoms are so similar to those of other disorders. Now researchers say a simple walking test that involves seeing how fast a person can walk while doing something else at the same time, such as counting backwards or carrying a tray, may be able to accurately diagnose the disease. “It is important that people with idiopathic normal-pressure hydrocephalus are accurately diagnosed so they can be treated, and their health can improve,” said study author Charlotte Selge, MD, of the Ludwig Maximilian University of Munich in Germany.

Selge C, Schoeberl F, Zwergal A, et al. 2018;90:e1021-e1028. doi.org/10.1212/WNL.0000000000005168.

CME

Interfacility transfers for US ischemic stroke and TIA, 2006–2014

Page 829

Disability in adults with arthrogryposis is severe, partly invisible, and varies by genotype

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Most-Read Articles

As of February 23, 2018

Clinical diagnosis of Alzheimer’s disease: report of the NINCDS-ADRDA work group under the auspices of the Department of Health and Human Services Task Force on Alzheimer’s Disease

G. McKhann, D. Drachman, M. Folstein, et al. 1984;34:939–944. doi.org/10.1212/WNL.34.7.939.

Rating neurologic impairment in multiple sclerosis: an expanded disability status scale (EDSS)

J.F. Kurtzke. 1983;33:1444–1452. doi.org/10.1212/WNL.33.11.1444.

Parkinsonism: Onset, progression, and mortality

M.M. Hoehn and M.D. Yahr. 1967; 17:427–442. doi.org/10.1212/WNL.17.5.427.

Neurosurgical horizons in Parkinson’s disease

C.G. Goetz, M.R. De Long, R.D. Penn, and R.A.E. Bakay. 1993;43: 1–7. doi.org/10.1212/WNL.43.1_Part_1.1.

Autosomal dominant cerebellar phenotypes: The genotype has settled the issue

R.N. Rosenberg. 1995;45:1–5. doi.org/10.1212/WNL.45.1.1.

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What's happening in *Neurology*[®]
Neurology 2018;90;837
DOI 10.1212/WNL.0000000000005434

This information is current as of April 30, 2018

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<http://n.neurology.org/content/90/18/837.full>

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