Neurology Station Overview

On approaching a child:

Around the room:
Mobility aids
Splints
Oxygen
Suction
Feed pump
Medication or drips
Shoes Orthotic boots

View from a distance

Wheelchair bound child (top to bottom)
- Posture- Flexed, extended. What does their central tone look like ie do they have poor truncal tone with a brace? What is their head position, and do they have head support?.
- Type of wheelchair- electric? What additional support does it provide? Any attachments?
- Communication aids

Non wheelchair bound.
- Presence of mobility aids such as walking frame.
- Additional supports such as ankle-foot orthosis

Child from a distance

- Dysmorphism
- Top to toe
- Head and face and neck: Size of head and shape (see figure)
  - Macrocephaly (Sotos, Zellweger, NF 1, Hydrocephalus)
  - Microcephaly (Anything impairing brain development)
  - Brachycephaly (Down’s syndrome) and cranial synostosis (Cruzens)
  - Plagiocephaly (Normal variant, ex prem)
  - Scaphocephaly (like a boat) (Ex prem, craniosynostosis)
  - Turricephaly (like a tower) (Aperts)
- Neck
  - Tracheostomy
  - Shunt
  - Webbing
  - Torticolis
  - Old central access scar
- Eye
  - Hyper or hypotelorism
- Squint
- Palpabral fissures
- Glasses
- Cataracts
- Fixing and following

- Ears
  - Hearing aids
  - Position ie low set
  - Ear tags

- Mouth and nose
  - NG tube
  - Gum hypertrophy
  - Dentition
  - Bulbar function - tongue, drooling, speech

You will then be asked to focus on one area of examination. It is unlikely that you will be asked to complete a full neurological examination, unless on a non mobile child.