

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 (Cruzons)
 - Plagiocephaly (Normal variant, ex prem)
 - Scaphocephaly (like a boat) (Ex prem, craniosynostosis)
 - Turricephaly (like a tower) (Aperts)
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- Neck
 - Tracheostomy
 - Shunt
 - Webbing
 - Torticollis
 - 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.