Cerebellar Examination

**Lower Limb**
- **Heel-Shin test:**
  Patient asked to slide heel along opposite shin.
  Accuracy is reduced in cerebellar disease.

- **Toe tapping:**
  Ask patient to tap your hand as fast as they can with their foot.
  Note that the non-dominant side performs poorly in normal people.

- **Penciled jerks:**
  Perform normal patellar tendon reflex test.
  If abnormal, the extensor reflex will continue for a number of beats.

**Upper Limb**
- **Rapid alternating movements:**
  Tapping the palm of one hand with the other alternating between Dorsum and palm.
  Dysdokinesia (jerky & inaccurate) - cerebellar disease.

- **Finger to nose test:**
  Patient asked to move finger to and from tip of nose to examiner's finger.
  Past pointing & intention tremor - suggests cerebellar disease.

- **Rebound:**
  Ask patient to put arms out in front of them and close their eyes. Push hand up or down asking them to keep their hands still.
  In returning to the original position the patient may overshoots (cerebellar rebound) - indicative of cerebellar disease.

**Eyes**
- **Nystagmus:**
  Move finger from middle to lateral asking patient to follow (keeping head still).
  Note that the out extremes (greater than 30 degrees) will often induce endpoint nystagmus.

**Additional signs:**
- Ataxic gait
- Speech (staccato)
- Poor sitting balance
- Decreased tone, drif, tremor in upper limbs especially

Lack of co-ordination, or ataxia, is synonymous with cerebellar disease. Formal testing of co-ordination may provide localizing information on cerebellar disease.