

Examination of a patient with Parkinson's disease (PD)

Student question:

I was wondering if you have any documentation on how to carry out a Parkinson's examination. I know you covered this during your revision course. What is the best way to carry out a Parkinson's examination, and what should you ask the patient to do?

Response

What you do depends on how the question is asked, how badly affected the patients is and how much time you have. It would be worth having a look at the notes on examination of tremor and gait in case this is the main focus of the question. After introducing myself and asking permission to perform an examination, my general approach would be along these lines:

General inspection

General inspection with the patient sitting- looking for tremor at rest, loss of facial expression, hunched, flexed posture; note any walking aids. Note any choreo-athetoid movements due to drug therapy.

Check tone for evidence of rigidity

Tone here is best tested at the wrist, with fairly rapid dorsiflexion and palmar flexion. Cogwheeling is reinforced by synkinesis- eg getting the patient to tap the non-tested hand on their knee.

Check for bradykinesia

Bradykinesia test: thumb-fingers test, opposing the thumb to each of the other fingers in turn, which is generally performed very slowly in Parkinson's disease.

The glabellar tap test

Neurologists tend not to bother with this as it has lots of false negatives and false positives, but it is sometimes expected in exams. Normally if you tap several times on the centre of someone's forehead, they blink a couple of times and then stop blinking ie the response attenuates. In PD, some patients continue blinking with each tap- "loss of attenuation to the glabellar tap"

Test of upper limb function

Ask patient to perform simple task eg write name and address (looking for slowness of execution and spidery writing, becoming smaller). Or: "Please un-do a button"

Ask to see the patient walk

Ask patient to walk (examiner may or may not allow this depending on whether patient has lost postural reflexes and is at risk of falls) Comment on slowness of starting (hesitancy), shuffling, hurrying (festination).

Extras

Ask to see the drug chart (drug-induced Parkinsonism or current therapy for Parkinsons) Check for the Parkinson's plus syndromes- eg ask for the standing blood pressure (low in PD with autonomic neuropathy), check up-gaze (Progressive supranuclear palsy), check mini-mental state.(PD with dementia); check for cerebellar signs (multisystem atrophy).Check if you can ask the patient some questions eg "Do you have any difficulty with your buttons?" "Can you get in and out of a car unaided?"