



## ACP Academy

### Cerebellar Examination – Step-by-Step OSCE Guide ACP Academy Format (Refreshed Edition)

#### GETTING STARTED

1. Perform hand hygiene and don appropriate PPE.
2. Introduce yourself: “Hi, I’m Jamie, one of the advanced clinical practitioners.”
3. Confirm the patient’s full name and date of birth.
4. Explain the examination: “I’d like to assess your balance and coordination today. This will involve a few simple movements and some tests of walking and limb control.”
5. Gain verbal consent and offer a chaperone.
6. Ask if the patient is experiencing any dizziness, unsteadiness or limb weakness.
7. Position the patient sitting on the bed initially, then standing for gait assessment.

#### GAIT

8. Observe the patient walking normally – look for broad-based gait, unsteadiness or veering.
9. Ask the patient to perform heel-to-toe walking (tandem gait) – assess balance and cerebellar function.
10. Be ready to support the patient if unsteady.

#### ROMBERG'S TEST

11. With the patient standing, feet together and eyes open – assess their stability.
12. Ask the patient to close their eyes and observe for swaying or loss of balance.
13. Stand close for safety – a positive Romberg’s indicates sensory ataxia (not cerebellar).

## SPEECH

14. Engage the patient in conversation to assess for slurred or scanning speech, which can suggest cerebellar involvement.

## EYE MOVEMENTS

15. Assess for nystagmus by asking the patient to follow your finger horizontally and vertically.

16. Check for impaired smooth pursuit and dysmetric saccades (over- or undershooting eye movements).

## UPPER LIMBS

17. Finger-to-nose test – ask the patient to touch their nose and then your finger repeatedly.

- Look for intention tremor or past-pointing.

18. Rebound phenomenon – ask the patient to hold their arms up, then push gently and release. Check if they can control the rebound.

19. Assess tone in both upper limbs – feel for hypotonia, a common cerebellar sign.

20. Test for dysdiadochokinesia – ask the patient to perform rapid alternating movements (e.g. patting palm and back of the hand on thigh).

## LOWER LIMBS

21. Assess tone in the legs (only if not already clearly assessed).

22. Knee-jerk reflex – may be pendular in cerebellar disease.

23. Heel-to-shin test – ask the patient to run their heel down the opposite shin in a straight line. Look for clumsiness or drifting.

## CLOSING THE EXAMINATION

24. Explain the examination is complete and thank the patient.
25. Offer help to redress or reposition.
26. Perform hand hygiene.
27. Summarise your findings concisely.
28. Suggest next steps – e.g. full neurological exam, neuroimaging, or ENT referral if vestibular pathology suspected.

**A structured cerebellar exam (remember the mnemonic DANISH) highlights subtle but important signs of unsteadiness and incoordination. Remember – cerebellar signs are ipsilateral, so always correlate findings with the clinical picture.**