



## ACP Academy

### Upper Limb Neurological Examination – Step-by-Step OSCE Guide ACP Academy Format (Refreshed Edition)

#### GETTING STARTED

1. Perform hand hygiene and don PPE if required.
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. Briefly explain: “I’d like to assess the nerves in your arms – this involves testing muscle strength, reflexes, and sensation.”
5. Gain verbal consent and check for any pain before proceeding.
6. Ensure both arms are fully exposed and the patient is comfortable sitting.

#### GENERAL INSPECTION

7. Observe for any asymmetry, muscle wasting, fasciculations, tremors or scars.
8. Look at posture and arm positioning at rest.
9. Check for pronator drift by asking the patient to hold arms out, palms up, and close eyes.

#### TO NE

10. Gently roll and flex the patient’s wrists, elbows and shoulders – assess for increased or decreased tone.

#### POWER (TEST EACH BILATERALLY)

11. Shoulder abduction (C5): “Push your arms outwards against my hands.”
12. Shoulder adduction (C6/C7): “Pull your arms in against me.”
13. Elbow flexion (C5/C6): “Pull your hands up towards your shoulders.”
14. Elbow extension (C7): “Push your arms away from your body.”
15. Wrist extension (C6): “Pull your hands back like a motorbike.”
16. Wrist flexion (C6/C7): “Push your palms downwards.”

17. Finger extension (C7): "Straighten your fingers against resistance."
18. Finger abduction (T1): "Spread your fingers apart – don't let me push them together."
19. Thumb abduction (T1): "Lift your thumb up towards the ceiling."

## REFLEXES

20. Biceps reflex (C5/C6): Strike the tendon with elbow supported.
21. Supinator reflex (C5/C6): Strike near the styloid process of the radius.
22. Triceps reflex (C7): Tap above the olecranon while supporting arm.

## SENSATION

23. Light touch: Use cotton wool over dermatomes (C5 to T1).
24. Pin-prick: Test sharp sensation in same dermatomes.
25. Vibration: Use tuning fork over interphalangeal joint of index finger.
26. Proprioception: Move distal phalanx up/down and ask patient to report direction.

## CO-ORDINATION

27. Finger-to-nose test: Assess for cerebellar signs and intention tremor.
28. Dysdiadochokinesia: Ask patient to rapidly turn palms back and forth on thighs.

## TO COMPLETE THE EXAM

29. Thank the patient and offer help to redress.
30. Dispose of PPE and wash your hands.
31. Summarise your findings clearly.
32. Suggest further assessments:
  - Lower limb neurological exam
  - Cranial nerves or cerebellar assessment
  - Neuroimaging or nerve conduction studies if indicated

**A good neuro exam relies on rhythm and precision – Take your time, compare sides, and be curious about what you find.**