# OSCE Checklist: Cerebellar Examination

## Introduction

1. Wash your hands and don PPE if appropriate
2. Introduce yourself to the patient including your name and role
3. Confirm the patient’s name and date of birth
4. Briefly explain what the examination will involve using patient-friendly language
5. Gain consent to proceed with the examination
6. Position the patient appropriately (i.e. sitting on a bed)
7. Ask if the patient has any pain before proceeding

## Gait

8. Assess the patient’s gait
9. Assess tandem gait (heel-to-toe)

## Romberg’s test

10. Carry out Romberg’s test, making sure to remain close to the patient

## Speech

11. Assess the patient’s speech

## Eyes

12. Assess eye moments for evidence of nystagmus and impaired smooth pursuit
13. Assess for dysmetric saccades

## Upper limbs

14. Assess co-ordination using finger-to-nose test
15. Assess for rebound phenomenon
16. Assess tone in the upper limbs
17. Assess for evidence of dysdiadochokinesia

## Lower limbs

18. Assess tone in the lower limbs (may not be necessary if upper limb tone has been assessed)
19. Assess knee-jerk reflex
20. Assess co-ordination using heel-to-shin test

## To complete the examination...

21. Explain to the patient that the examination is now finished
22. Thank the patient for their time
23. Dispose of PPE appropriately and wash your hands
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<tr>
<td>24</td>
<td>Summarise your findings</td>
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<td>Suggest further assessments and investigations (e.g. full neurological examination, neuroimaging, formal hearing assessment)</td>
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