EVALUATION AND FORMATION OF FINAL MARK

Schoolyear 2024/2025

PRE-EXAM ACTIVITIES (30 points)

Attendance

Attendance of practicals is mandatory, only one missing practical is allowed. Others have to be compensated. **Compensation of practicals is not possible if a student misses more than three practicals**. Compensation of practicals will be organized after semester is completed. One practical make-up is free of charge.

Inclass activities (during practicals and seminars) are estimated from **0 to 10 points** by teachers who conducted practicals and seminars.

Colloquium I is carried out in a week 6 - demonstration of a segment of neurological examination. Maximal points is 10.

Colloquium II is carried out in 10th week. Maximal points – 10. Students who miss colloquium test get 0 points. No remedial test colloquium for those who missed it.

Test consists of 10 questions. There are two types of questions: a) those that students are supposed to complete the statement (see below) and b) questions with 4 offered answers out of which one is correct

Test questions are based on practicum content (Neurological Examination Made Easy, Fuller G. Pub. Churchill Livingstone 5th. Ed.)

Α.

The cardinal signs of upper motor neuron lesions are (name at least 4):

- 1._____
- 2._____
- 3. _____
- 4. _____
- Hypotonia is seen in _____

B:

- 1. Homonymous hemianopia is characteristic for:
- a. the optic nerve lesion
- b. the optic chiasm lesion
- c. the lesion behind the optic chiasm
- d. the lesion anterior to the optic chiasm
- 2. In the presence of complete left optical nerve damage:

a. the right pupil doesn't constrict to the direct light nor consensually when the light is shone into the left pupil

b. the left pupil doesn't constrict to the direct light and there is no consensual reaction of the right pupil when the light is shone into the left eye

c. the left pupil doesn't constrict to the direct light nor consensually when the light is shone into the right pupil

d. the right pupil doesn't constrict to direct light and there is no consensual reaction of the left pupil when the light is shone into the right eye

FINAL NEUROLOGY EXAM consists of 5 parts:

In case "face to face" practical exam is allowed:

- practical part demonstration of two segments of neurological examination; this exam part is a prerequisite for exam continuation. A student who receives a passing grade obtains 1-10 points. The passing grade in practical part is valid in next exam terms up to the beginning of new academic year (October 2).
- 2) Single best answer test consisting of 40 questions with 4 offered answers, out of which one is correct 0-40 points

In order to pass the test and continue with exam, a student is obliged to have 21 correct answers.

Examples:

1. Nerve root pain is characterized with:

a. dull, diffuse pain increased with movements

- b. burning sensation relieved with movements
- c. severe, sharp, shooting pain radiating into the cutaneous distribution of the root*
- d. swelling and redness of the skin above the nerve root

2. An immune-mediated disorder of generalized muscle weakness associated with small-cell lung cancer is:

- a. Lambert-Eaton syndrome*
- b. botulism
- c. myotonic dystrophy
- d. myasthenia gravis

3) Multiple answer test consisting of 6 questions with 5 offered answers, out of which

2 are correct - 0-6 points

Examples:

- 1. In typical presentation of Huntington disease there are:
- a. chorea*
- b. weakness of the limbs
- c. dementia *
- d. ataxia
- e. sphincter disturbances

2. Vertigo is a frequent complaint, but etiological diagnosis based on clinical findings can be challenging. Which of the following statements are FALSE:

a. Vertigo secondary to vestibular nerve pathology is typically associated with tinnitus*b. Peripheral vertigo is usually associated with other brainstem symptoms and signs*

c. Benign positional vertigo is a self-limited syndrome of transient attacks of vertigo associated with a change in head position

d. Vertigo may result from disease of the labyrinth, vestibular nerve or their central connections

e. Peripheral vertigo typically aggravates with position changing

4) Test with clinical vignettes – 0 – 4 points

Short report of 2 cases with two questions and 4-5 offered answers, out of which one is

correct.

Example:

A 67-year old male patient, smoker, for several weeks has been complaining of severe pain of the shoulder irradiating to the inner side of the arm, weak wasted hand muscles, sensory loss in the distribution of C8 and T1dermatome associated with Horner's syndrome.

Q1. The highly suggestive diagnosis is (choose one):

- a. amyotrophic lateral sclerosis
- b. infarction of the brainstem
- c. apical lung carcinoma*
- d. brachial neuritis
- e. diabetic amyotrophy

Q2. Initial diagnostic test should be (choose one):

- a. Head CT
- b. Head MRI
- c. X-ray of the lung*
- d. EMNG
- e. CSF analysis
- 5) Essay systematized report of a disease given by a student, 0-10 points Epidemiological data (1 point), Etiopathogenesis (1 point), Clinical manifestations (3 points), Diagnostic procedure (2 points), Therapy (2 points), Prognosis (1 point). Essay topics: Epilepsy; Multiple sclerosis; Parkinson disease; Ischemic stroke;

Hemorrhagic stroke (subarachnoid hemorrhage, intracerebral hemorrhage); Amyotrophic lateral sclerosis; Polyneuropathies; Myasthenia gravis; Dementias; Myopathies; Brain traumas; Children cerebral palsy; Migraine.

In a practical part of colloquium 1 and practical part of final exam a student is obliged to demonstrate examination of:

- 1. N. olfactorius
- 2. N. opticus
- 3. Nn. III, IV I VI
- 4. Pupil reaction to light and accommodation
- 5. N. trigeminus examination of motor function
- 6. N. trigeminus examination of sensibility
- 7. N. facialis (peripheral and central)
- 8. N. cochlearis
- 9. N. vestibularis
- 10. N. IX I X
- 11. N. XI
- 12. N. XII
- 13. Trophic and tonus examination on upper extremities
- 14. Trophic and tonus examination on upper extremities Examination of muscle strength on upper extremities, sinking tests
- 15. Examination of muscle strength on lower extremities, sinking tests
- 16. Muscle fatigue tests
- 17. Examination of muscle reflexes on upper extremities
- 18. Examination of muscle reflexes on lower extremities
- 19. Skin reflexes (abdominal skin reflexes, plantar reflex)
- 20. Examination of cerebral signs on upper extremities
- 21. Examination of cerebral signs on lower extremities
- 22. Romberg test
- 23. Examination of walk
- 24. Examination of superficial sensibility
- 25. Examination of deep position sensibility
- 26. Examination of vibration sensibility
- 27. Examination of cortical sensibility
- 28. Tests for radicular irritation
- 29. Examination of speech
- 30. Examination of nystagmus
- 31. Meningeal signs

Areas for test questions of final exam include:

GENERAL NEUROLOGY

- 1. Smell sense disorders
- 2. Loss of vision acuity and visual field deficit
- 3. Papilledema
- 4. Ophthalmoplegias
- 5. Pupil disorders
- 6. Neuralgia of n. trigemini
- 7. Facial muscles' disorders
- 8. Nystagmus

- 9. Central and peripheral vertigo
- 10. Symptoms and signs of central and peripheral motor neuron lesion
- 11. Muscle tone disorders
- 12. Muscle weakness
- 13. Reflexes
- 14. Coordination disorders
- 15. Paraplegias, quadriplegias, monoplegia
- 16. Sensitive syndromes
- 17. Spinal cord syndromes
- 18. Speech disorders (aphasia, anarthria, aphonia)
- 19. Amnestic disorders
- 20. Differential diagnosis of consciousness disorders
- 21. Diagnostic methods in neurology
- 22. Lumbar tap and cerebrospinal fluid
- 23. Extrapyramidal syndromes
- 24. Diseases of cerebellum
- 25. Syringomyelia, syringobulbia
- 26. Gait disorders
- 27. Cavernous sinus syndrome
- 28. Hydrocephalus
- 29. General symptoms and signs of intracranial hypertension
- 30. Psychomotor child development
- 31. Syndrome of hypotonic child (floppy baby)

SPECIAL NEUROLOGY

- 1. Risk factors and causes of cerebrovascular diseases
- 2. Acute ischemic stroke (classification, clinical picture, localization)
- 3. Intracerebral hemorrhage
- 4. Subarachnoid hemorrhage
- 5. Treatment of acute stroke
- 6. Primary and secondary prevention of cerebrovascular diseases
- 7. Epileptic seizure and epilepsy
- 8. Epileptic status (causes, treatment approach)
- 9. Treatment of epilepsy
- 10. Syncope (classification, diagnostic and treatment approach)
- 11. Brain and spinal cord trauma
- 12. Coma
- 13. Treatment of dementia
- 14. Alzheimer disease
- 15. Cerebral child palsy
- 16. Headache
- 17. Tumors of the brain, meninges and spinal cord
- 18. Acute inflammatory diseases of CNS (acute bacterial and viral meningitis, encephalitis)
- 19. Subcutaneous and chronic inflammatory diseases of CNS (brain abscess, HIV, tuberculosis, neurosyphilis, and prion diseases)
- 20. Transversal myelitis
- 21. Parkinson disease
- 22. Chorea
- 23. Hereditary ataxias
- 24. Wilson disease
- 25. Multiple sclerosis
- 26. Myasthenia gravis and other neuromuscular junction diseases
- 27. Motor neuron disease
- 28. Acute polyradiculoneuritis (Guillain Barre)

- 29. Cervical and lumbar pain syndrome and radiculopathies
- 30. Polyneuropathies
- 31. Acquired myopathies (inflammatory, metabolic)32. Neurocutaneous syndromes (neurofibromatosis, tuberous sclerosis, Sturge-Weber)
- 33. Paraneoplastic syndromes

GRADING SCHEME

1	2	3	4	5	6	7	8
Active participation	Colloquium 1 and 2	Practical exam	Single best answer in multiple choice question test	Multiple answers in multiple choice question test	Clinical case	Essay evaluation	FINAL score
MAX 10 POINTS	MAX 20 POINTS	MAX 10 POINTS	MAX 40 POINTS	MAX 6 POINTS	MAX 4 POINTS	MAX 10 POINTS	1+2+3+4+ 5+6+7

FINAL SCORE	FINAL MARK			
91-100	10			
81-90	9			
71-80	8			
61-70	7			
51-60	6			
≤ 50	5			