

Specialty Examination – NEUROLOGY

In instances when a Specialty Examination is requested, the Contractor shall provide the DDDS and its DDDS claimants with the following, in addition to, the Adult Physical Disability Evaluation and Report Guidelines.

The examination should concentrate on the areas affected by the DDDS claimant's illness or impairment. Provide specific information and be as descriptive as possible.

(1) Neurological Examination.

- (a) General Observations. Describe the DDDS claimant's:
 - i. General Appearance
 - ii. Nutrition
 - iii. Body habitus
 - iv. Head size and shape
 - v. Any skeletal or other abnormalities (i.e. pigmentary or texture changes of the skin or changes in hair distribution)
- (b) Mental Status Exam. Describe and give examples of:
 - i. Orientation
 - ii. Memory calculation
 - iii. Insight
 - iv. General understanding
 - v. Fund of knowledge
 - vi. Mood and behavior
- (c) Speech. Describe any:
 - i. Aphasia
 - ii. Dysarthria
 - iii. Stuttering
 - iv. Involuntary vocalizations
 - v. Intelligibility and fluency
- (d) 12-Cranial Nerve Functions
 - i. Comment on function of 12-cranial nerves (even if normal)
 - ii. Describe in detail lower cranial nerve when dysphagia or dysarthria is a complaint
 - iii. Describe ocular motility, papillary size and activity (even if normal)
 - iv. Estimate visual acuity and visual fields on confrontation and the basis for the estimation
 - v. Describe pupillary responses to light and accommodation
- (e) Motor Function.
 - i. Describe all motor function in quantitative terms and method of quantification
 - ii. Comment on degree of fatigability following rapid, repetitive movements.
 - iii. Describe any atrophy, spasticity, rigidity, limitation of movement, and fatigability of extremities
- (f) Alleged Fatigue (i.e. myasthenia gravis)
 - i. Test for ability to fatigue by exercise (i.e. ptosis develops after 1-minute of attempted up gaze or strength declines from 5/5 at rest to 2/5 after 10-minutes of exercise of a particular muscle)
- (g) Sensation and Reflexes
 - i. Record the method of testing
 - ii. Test all modalities of sensation, including cortical
 - iii. Note suspected non-physiological observations
 - iv. Describe superficial reflexes when present and note when absent
 - v. Describe in detail pathological reflexes (tendon and superficial)

- (h) Mobility and Coordination. Describe:
 - i. Hand dominance
 - ii. Ability to use the upper extremities effectively for gross and fine dexterous movements
 - iii. Abnormal movements (i.e. tremors and incoordination) at rest or during specific tests
- (i) Seizures. Provide complete description, including:
 - i. Type and severity
 - ii. Diurnal or nocturnal
 - iii. Frequency per month during the past year
 - iv. Duration of episodes
 - v. Postictal phenomena