

Sensory History and Exam	
Date: _____ Student: _____ Preceptor: _____	Points (0 or 1)
1. Brief directed sensory history 2. Primary sensory modalities Proprioception in legs Vibration in legs Light touch face/arm/leg Pinprick face/arm/leg 3. Cortical sensory function (fingers) Graphesthesia Two-point discrimination Stereognosis 4. Double simultaneous stimulation 5. Correctly localizes any abnormality	_____ _____ _____ _____ _____ _____ _____ _____ _____
Scoring Total (out of 10 points) 7 or more points to pass 6 or less points is a fail 1 pt for #5 if normal exam	_____
Pass Fail (Repeat CEX) Date _____ Preceptor (sign) _____	

Sensory

1. The sensory history only needs to identify whether there is altered sensation and it's distribution.
2. Proprioception involves displacing the large toe away from the 2nd toe and asking the patient to indicate whether the toe moves up or down. The examiner should position their fingers on the side of the big toe. Very small movements should be felt. If small movements can't be felt, make larger movements at the toe followed by testing at the ankle or knee.
3. Vibration involves placing the tuning fork on the large toe and asking the patient to say when the vibration vanishes. Normal requires some experience, but light vibration should be felt. If the vibration can't be felt at the toe, move up to the metatarsal head, ankle, mid tibia, or knee.
4. Light touch and pinprick are helpful in describing a level of impairment (e.g. trunk or stocking-glove) and mapping out a focal deficit (e.g. carpal tunnel syndrome).
5. Graphesthesia = correctly identifying numbers written on the tips of the fingers with a stick or other pointed instrument.
6. Two-point discrimination = ability to tell the difference between one point and two points 4 mm apart on the tips of the fingers.
7. Stereognosis = ability to identify objects when placed in each hand with the eyes closed. Paperclip, coin, button, etc. are all good examples.
8. Double simultaneous stimulation (DSS) localizes to the right parietal lobe. The eyes must be closed. There is "extinction of DSS" if a patient can correctly say you are touching the right and left sides independently, but only says the right side is being touched when in fact both sides are being touched at the same time.
9. Localization options include: length dependent peripheral neuropathy (stocking-glove), hemisensory, focal, multifocal, or patchy (not following an anatomic pattern).