

Cranial Nerve Examination

General Inspection

- Facial Asymmetry, Scars, Orientation to Person, Place, Time; Ptosis, etc.

Cranial Nerve I: Olfactory

- Ask about changes to sense of smell

Cranial Nerve II: Optic

- Visual Acuity: Snellen chart, normal is 6/5 bilaterally (done with patient's glasses on)
- Visual Fields: Without glasses
- Visual Inattention: Wiggling fingers in each quadrant for each eye
- Fundoscopy: Not always done, but mention it!

Cranial Nerves III, IV and VI: Oculomotor, Trochlear, Abducens

- Pupil Assessment: Ptosis, fixed dilation (mydriasis) (CN III); Light reflex (direct and consensual), accommodation (should have convergence and constriction, CN III)
- Eye Movements: obliques are with medial rectus, Comment on diplopia, pain, deviation

Cranial Nerve V: Trigeminal

- Corneal Reflex (V afferent, VII efferent)
- Light touch: Ophthalmic, Maxillary, Mandibular
- Motor Function: Masseters, Temporalis, Pterygoid
- Jaw Jerk

Cranial Nerve VII: Facial

- Muscle Power: wrinkle forehead, puff cheeks, shut eyes, grin

Cranial Nerve VIII: Vestibulocochlear

- Whisper test
- Weber's: conductive better on affected side, sensorineural better on normal side (use 256 Hz)
- Rinne's: Conductive problem stops air conduction (normal = positive)

Cranial Nerve IX, X: Glossopharyngeal, Vagus

- Uvula: will be drawn to normal side (CN X)
- Check speech, cough, swallowing (if there's water)
- Other tests: Gag reflex (not always done), pharynx sensation (CN IX and X)

Cranial Nerve XI: Spinal Accessory

- Shoulder shrug (trapezius), turn head (opposite sternocleidomastoids)

Cranial Nerve XII: Hypoglossal

- Inspect: wasting and fasciculations
- Motor: stick tongue out (deviates to affected side)