



Cerebellar sign

Equipment

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Procedure

0	introduction and personality behavior in examination
1	Hemispheric function Finger to nose test Extend your hand to the end of your arm. If abnormal, call dysmetria) Finger tapping (use index, middle, lady, and pinky fingers to touch the thumb one finger at a time. notice the accuracy)
2	Rapid alternating movement (if abnormal, summon dysdiadochokinesia)
3	Heel-knee-shin Nystagmus (monitoring of eye movements)
4	Midline function or cerebellar vermis to check the patient's balance while sitting.
5	General gait examination (if there is an abnormality, it should look wide/broad-based gait or staggered to the same side as the lesion)
6	Check balance, Romberg test (when the patient closes their eyes Doctors should be careful of the patient from falling) Check balance, tandem walk
7	Tell the results of the examination and describe the patient's speech. (If there is a malfunction should be characterized as slur or scanning speech or ataxic dysarthria) Diagnosis (rt. Cerebellar infraction / hemorrhage)

