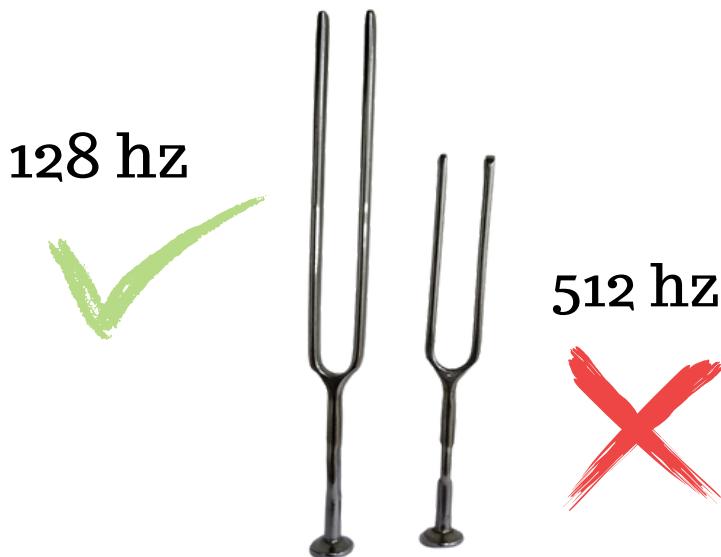


How Not to Fail Your CNS Exam

Look, we get it—final-year exams are brutal. But trust us, nothing's worse than confidently stroking the medial side of sole for eliciting plantar reflex, only to see examiner's soul leave their body. This PDF is here to save you from those legendary blunders. Because in CNS exams, knowing what to do is great, but knowing what not to do saves you.

Tuning Fork

Pick the Right One, or Face the Music

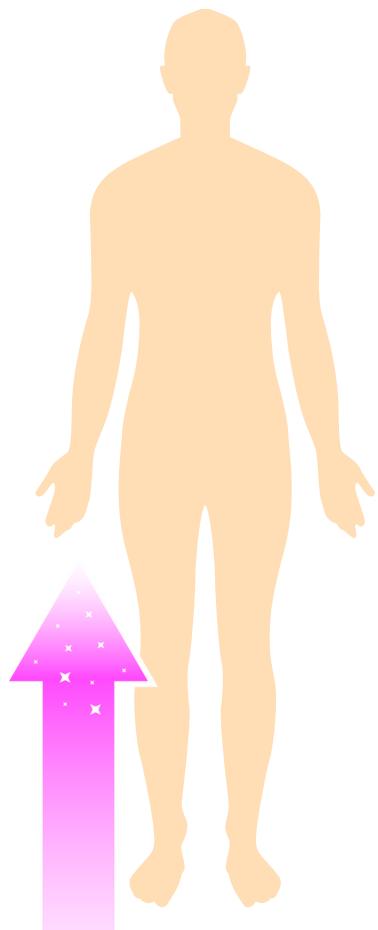


When checking vibration sense (that's your dorsal column's examination), don't grab just any tuning fork like it's a lucky dip. Use 128Hz—it has a longer tone decay. If you don't have one, 256Hz can be used, but 512Hz? That's for ears, not toes. If u mistakenly Use 512Hz on vibration sense, the only thing vibrating will be your exam marks... down to zero!

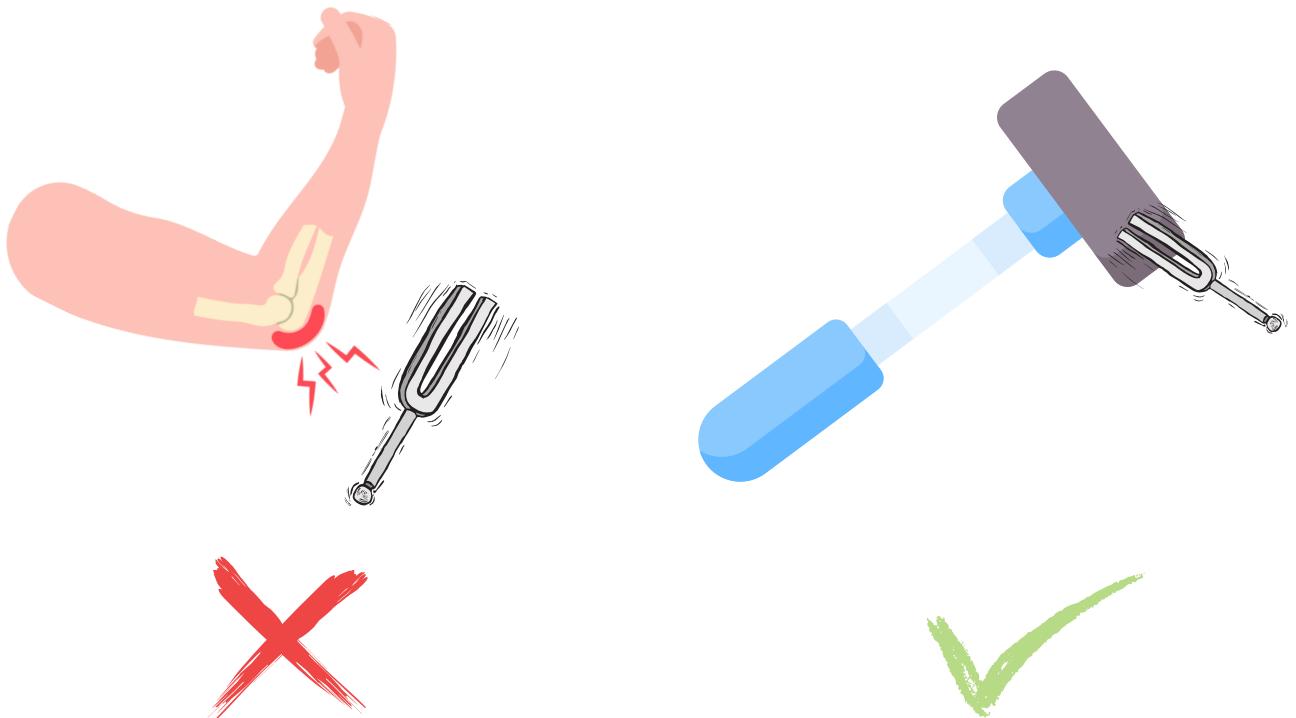
Bickerstaff's Neurological Examination E-7 : Page 199

Sensory Examination: Start from the Toes Up

When examining the spinothalamic tract or dorsal column, it's always better to start from the toes and move upwards. These are ascending tracts, so sensory loss usually progresses from the feet upwards. Going top to bottom won't help - nerves don't work that way. So, stick to toes up for a proper assessment.



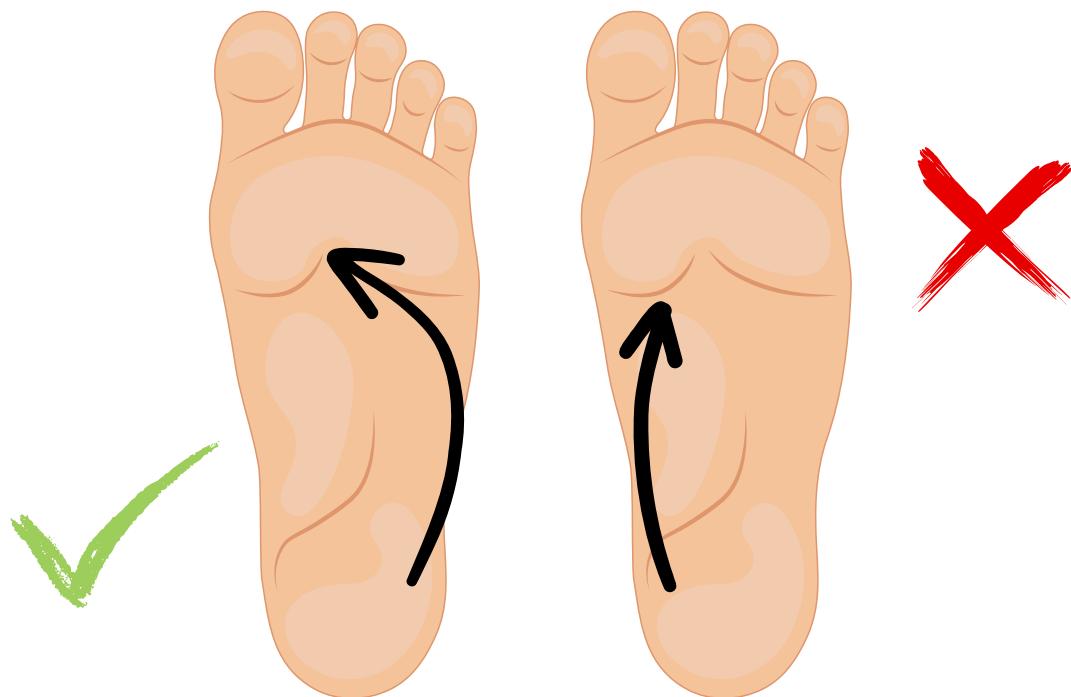
Tuning Fork: Strike it Right



When making your tuning fork vibrate, avoid hitting it on your elbow or the table, which can be noisy and awkward. Instead, tap it gently on the rubber end of your reflex hammer—it's quieter, looks cool, works better and saves your elbow.

Bickerstaff's Neurological Examination E-7 : Page 200

Stay lateral - Stay safe



When testing the Babinski sign, always stroke the lateral side of the sole, starting from the bottom and moving up towards the ball of the great toe.

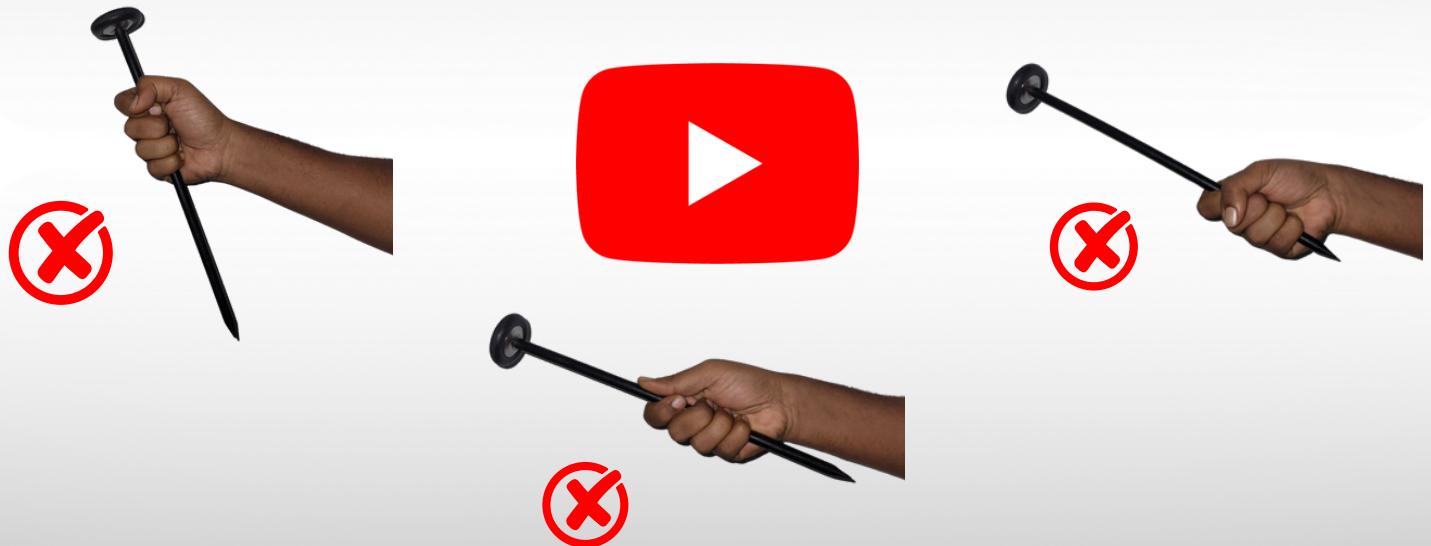
Avoid the medial side—that's a classic exam blunder. Getting this wrong is like signing up for extra viva questions.

Stay lateral, stay safe!

how not to hold a reflex hammer



HOW NOT TO HOLD A REFLEX HAMMER



Using a reflex hammer the wrong way can lead to inaccurate results during a neurological exam. This video highlights the common mistakes to avoid when holding it. Learn the right technique to improve your clinical skills and patient assessment.



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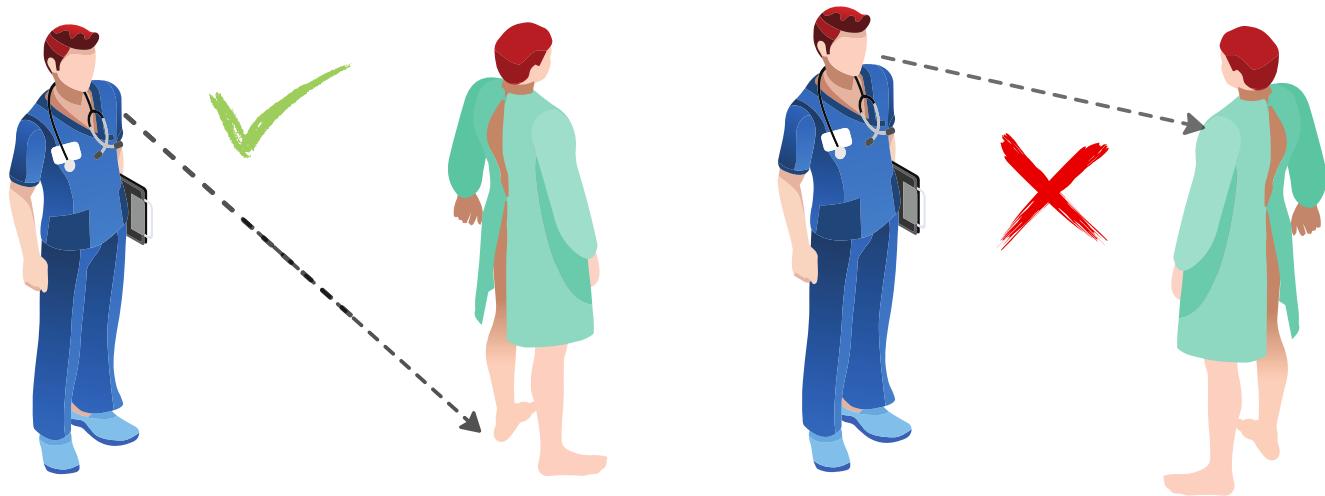


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Romberg's Test: Watch the Ankles, Not the Head



When assessing cerebellar dysfunction or sensory ataxia, stand behind the patient—not in front like you're taking a selfie. Focus on the ankles, that's where the subtle swaying happens.

Watching the head or shoulders won't give you the right clue. So, stay behind, eyes on the ankles, and you'll spot what you need. And make sure someone's there to catch the patient in case they start to lose balance and fall—safety first!

Bickerstaff's Neurological Examination E-7 : Page 164

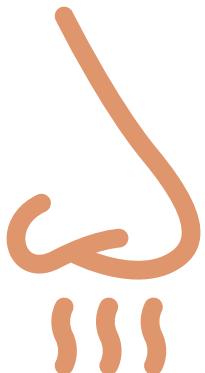
Finger-Nose Test: Approach from the Side



When performing the finger-nose test for cerebellar examination, bring the finger in from the side to touch the tip of the nose. Don't bring it straight from the front. The side approach ensures better coordination assessment and a clearer indication of any early cerebellar dysfunction.

Bickerstaff's Neurological Examination E-7 : Page 236

Olfactory Nerve Test: Keep It Simple and Effective



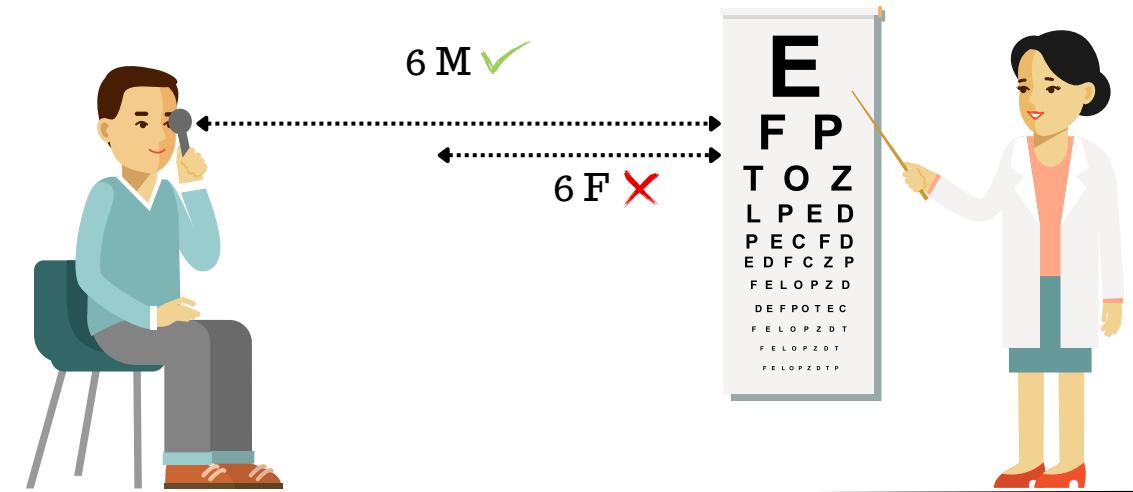
One nostril
Two sniffs
Three smells

When testing the olfactory nerve, always use liquids instead of powders—powders can cause sneezing, which could lead to awkward moments.

Also, remember the one nostril, two sniffs, three smells approach: Examine one nostril at a time, have the patient take two sniffs for each scent, and test with three different non-irritant smells. This will give you a more accurate result and keep the test smooth!

Bickerstaff's Neurological Examination E-7 : Page 44

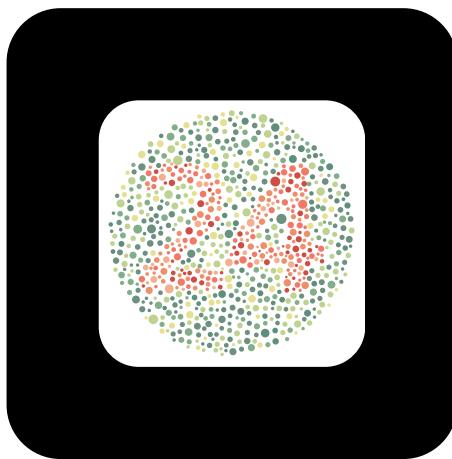
Visual Acuity: 6 Meters, Not 6 Feet!



When testing visual acuity with the Snellen chart, the patient should be seated 6 meters away, not 6 feet. Unless you're testing their ability to read things at arm's length, 6 feet is way too short! For accurate results, give them the full 6 meters—otherwise, they'll be seeing the chart like it's a family photo!

Color Vision Testing:

Professional Setup, Professional Results

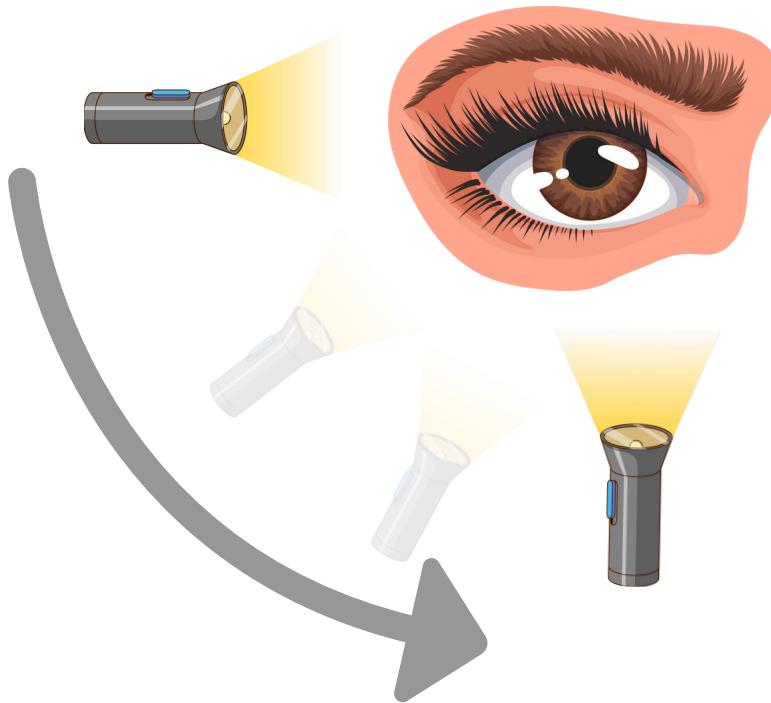


When using the Ishihara chart, remember: first impressions matter—especially in exams. Ensure the background is black to improve contrast and keep the focus on the numbers, avoiding any distractions for the patient.

And yes, don't print it on an A4 sheet—it's not just about the test, it's about how you present it. A professional, well-prepared setup makes a solid impression, showing both your attention to detail and competence. It's all about giving the examiner confidence in your skills.

Light Reflex

Shine Right, Impress Bright



When checking both direct and consensual light reflexes, always bring the light from the side towards the center of the eye.

If you shine it straight into the center, you won't just test the light reflex—you'll also trigger the accommodation reflex. This is a classic point examiners look for—getting it right not only shows your skill but also leaves a good impression. So, sweep in from the side—clear reflexes, clear marks!

Jaw Jerk

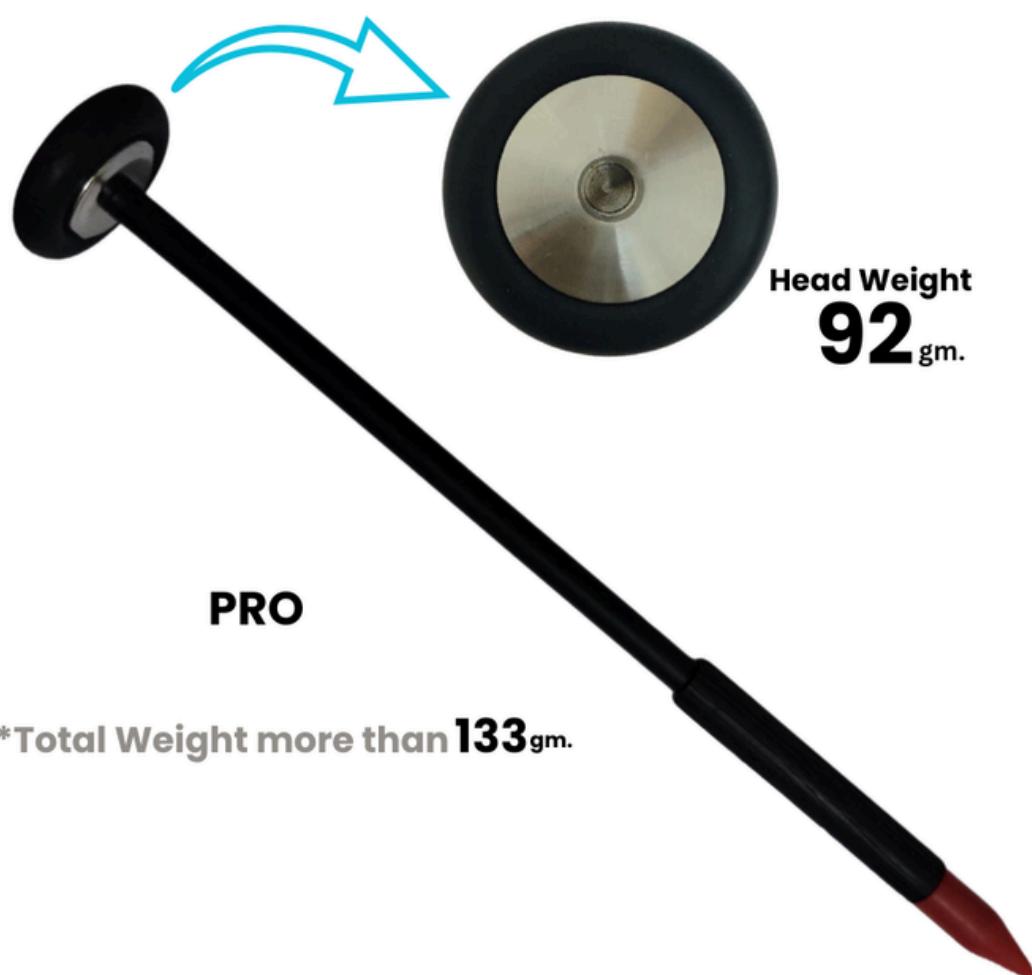
Finger First, Hammer Next



When testing the jaw jerk reflex, always place your index finger on the patient's chin before tapping with the hammer. Using your finger not only protects the patient from pain but also shows the examiner you know what you're doing.

Comfort for the patient, confidence for the examiner—finger first, always!

PRO - Knee Hammer



*Total Weight more than **133** gm.

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Rule of 17

The Deviation Shortcut

$$12 + 5 = 17$$

$$10 + 7 = 17$$

1. 12th CN (Hypoglossal) + 5th CN (Trigeminal) = 17 → Deviate to the affected side

Tongue → Affected side

Jaw → Affected side

2. 10th CN (Vagus) + 7th CN (Facial) = 17 → Deviate to the normal side

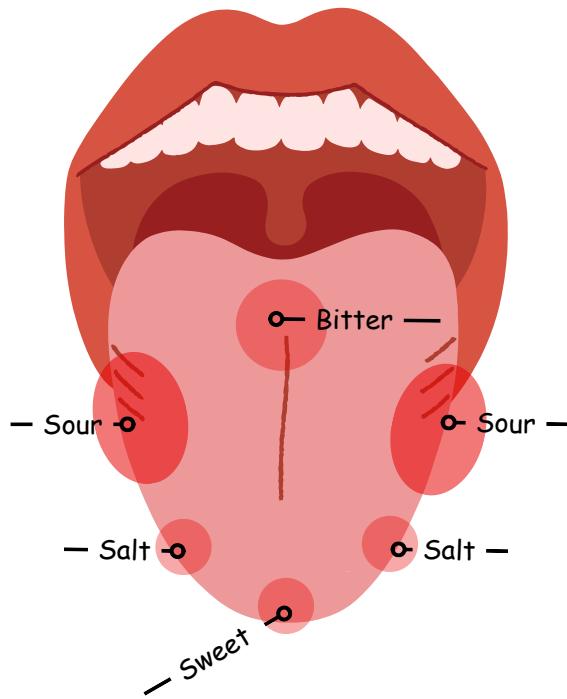
Uvula → Normal side

Angle of Mouth → Normal side

Get these right, and you'll not only avoid confusion —you'll look sharp in front of the examiner!

Taste Testing

Right Taste, Right Place



When testing for taste, make sure you check the correct part of the tongue for each flavor:

Tip → Sweet

Just behind the tip → Salt

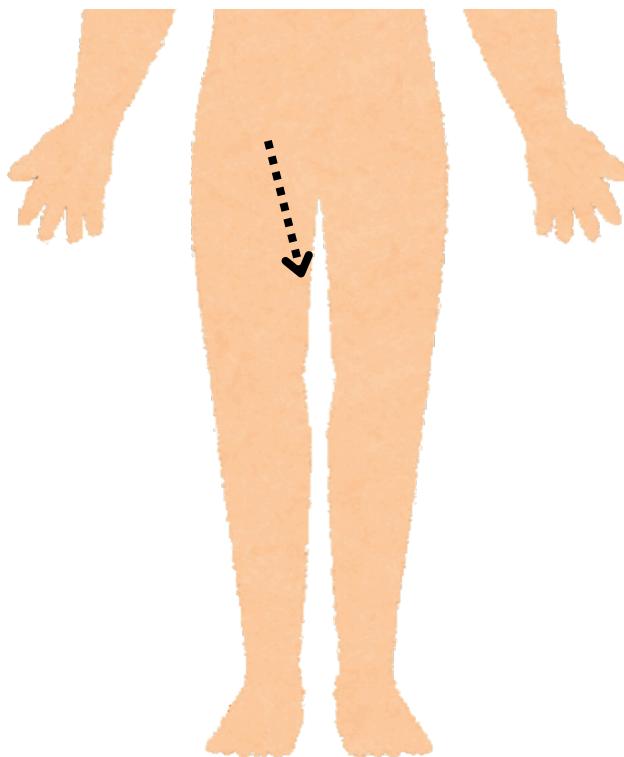
Sides → Sour

Back → Bitter

Always use solutions, not powders—powders can give mixed responses and won't reflect the actual taste perception properly. Precision matters.

Cremasteric Reflex

Stroke Down, Testis Up

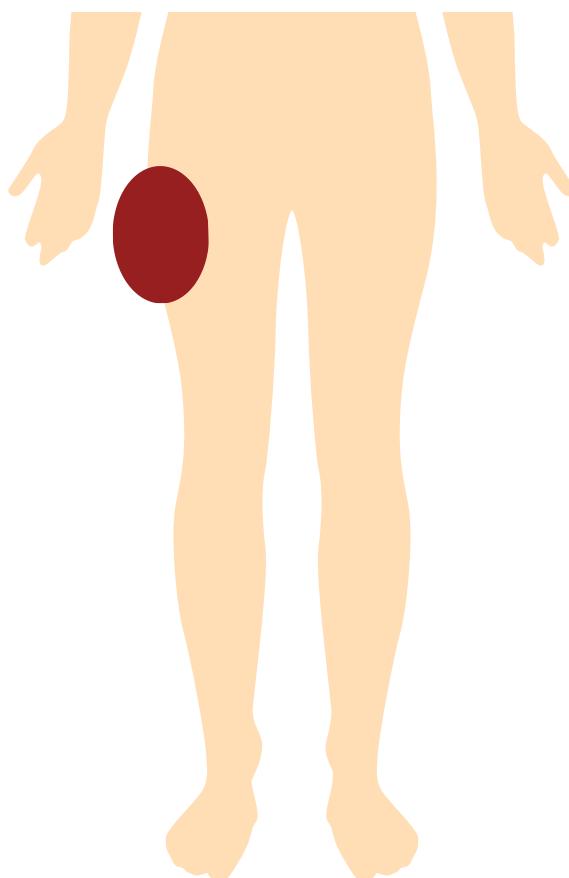


When checking the cremasteric reflex, always stroke the medial side of the thigh from above downwards—not from below upwards.

Why? Because the testis only moves up, not down. Think of it like pulling a cat out of a well—you pull the rope downwards, and the cat rises upwards. Same logic here: Stroke down, testis up—get it right, and you'll stay on top in exams!

Plantar Reflex

Don't Miss the Tensor Fasciae Latae



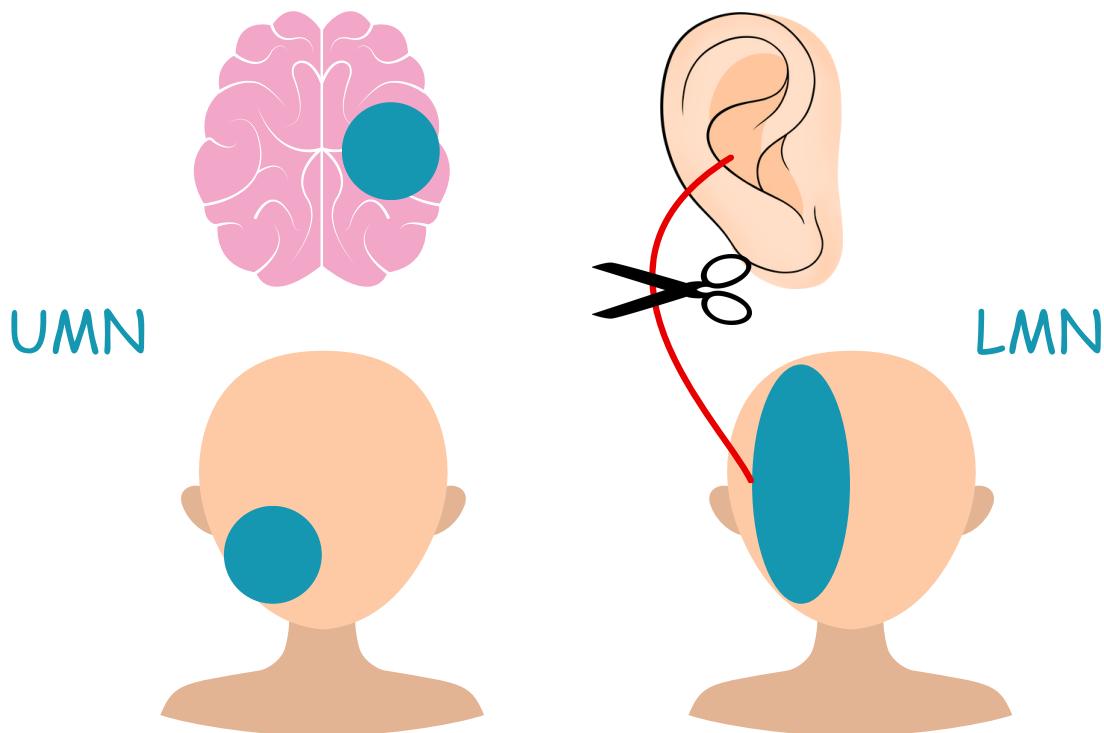
When testing the plantar reflex (Babinski sign), remember to expose the tensor fasciae latae muscle (outer thigh).

Students often miss this, and examiners notice. They're checking for subtle contractions there, so make it a habit to expose the area properly.

A small step that leaves a good impression!

Facial Nerve Palsy

Don't Get Confused



When it comes to facial nerve palsy, remember this key difference:

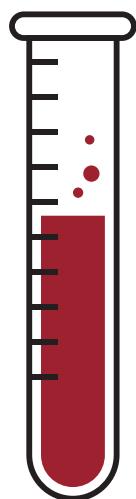
UMN (Upper Motor Neuron) Lesion → Opposite side, lower half of the face affected.

LMN (Lower Motor Neuron) Lesion → Same side, entire face affected.

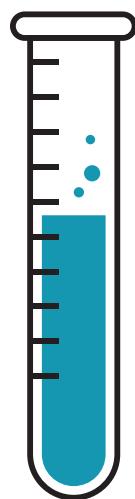
Students often mix this up in exams—so stay clear-headed, and don't let the examiner catch you slipping!

Temperature Sensation

Hot, Cold, or Get Creative



hot water (44°C)



cold water (30°C)

Or



When testing temperature sensation, use two glass test tubes—one with hot water (44°C) and one with cold water (30°C).

No cold water? No problem!

You can use the lower end of your tuning fork—it's usually cool enough to get the job done.

Simple tricks like this can save you in exams—stay prepared!

Bickerstaff's Neurological Examination E-7 : Page 196



Who We Are

We're your seniors and super-seniors—veterans of countless exams, endless stress, and the frequent panic of missing essential items from our kits. After years of getting "hammered" by examiners (pun intended), we decided enough is enough. So, we designed the ultimate CNS kit to ensure you're fully prepared, stress-free, and never caught off-guard. Who knows, maybe one day we'll design a kit that reads your examiner's mind too!

what you get in our cns kit?



WHAT'S INSIDE
OUR
CNS KIT



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