

**TABLE 437-2 FINDINGS HELPFUL FOR LOCALIZATIONS WITHIN THE NERVOUS SYSTEM**

Signs	
Cerebrum	Abnormal mental status or cognitive impairment Seizures Unilateral weakness <sup>a</sup> and sensory abnormalities including head and limbs Visual field abnormalities Movement abnormalities (e.g., diffuse incoordination, tremor, chorea)
Brainstem	Isolated cranial nerve abnormalities (single or multiple) “Crossed” weakness <sup>a</sup> and sensory abnormalities of head and limbs, e.g., weakness of right face and left arm and leg
Spinal cord	Back pain or tenderness Weakness <sup>a</sup> and sensory abnormalities sparing the head Mixed upper and lower motor neuron findings Sensory level Sphincter dysfunction
Spinal roots	Radiating limb pain Weakness <sup>b</sup> or sensory abnormalities following root distribution (see Figs. 31-2 and 31-3) Loss of reflexes
Peripheral nerve	Mid or distal limb pain Weakness <sup>b</sup> or sensory abnormalities following nerve distribution (see Figs. 31-2 and 31-3) “Stocking or glove” distribution of sensory loss Loss of reflexes
Neuromuscular junction	Bilateral weakness including face (ptosis, diplopia, dysphagia) and proximal limbs Increasing weakness with exertion Sparing of sensation
Muscle	Bilateral proximal or distal weakness Sparing of sensation

<sup>a</sup>Weakness along with other abnormalities having an “upper motor neuron” pattern, i.e., spasticity, weakness of extensors > flexors in the upper extremity and flexors > extensors in the lower extremity, and hyperreflexia. <sup>b</sup>Weakness along with other abnormalities having a “lower motor neuron” pattern, i.e., flaccidity and hyporeflexia.

faced with a patient who has a new neurologic complaint is to assess the urgency of referral to a specialist. Here, the imperative is to rapidly identify patients likely to have nervous system infections, acute strokes, and spinal cord compression or other treatable mass lesions and arrange for immediate care.