

**MASARYK UNIVERSITY BRNO**

**School of Medicine**

**1st Department of Neurology, St. Anne's Teaching Hospital, Brno, Pekařská 53**

**Tel/fax: 543 182 624**

**Presence list of Neurology rotations – General Medicine**

Family name, given name:

Year of birth:

Contact:

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**I. GENERAL NEUROLOGY**

**Date and teacher's signature**

**1. Repetition of General Neurology:**

Medical history in neurology. Neurological diagnosis. Motor system. Reflexes. Pyramidal syndrome. Types of paresis. Cranial nerve examination (I-XII).

**2. Repetition of General Neurology:**

Cerebellar syndromes, extrapyramidal syndromes.  
Examination of the sensory system, sensory syndromes  
Meningeal syndrome. Examination of the spinal column.  
Unconscious patient.

**3. Symbolic/ cognitive functions and their impairment: speech disorders, alexia, agraphia, acalculia, agnosia, apraxia.**

The basics of the paraclinical examination in neurology (EEG, EMG, EP, cerebrospinal fluid, imaging methods).

Repetition of the complex neuro-exam.

**II. GENERAL + SPECIAL NEUROLOGY** (individually based on the actual presence of the patients at the department)

4. Examination of the patients. Epilepsy. Tumors.  
Neuropsychologic evaluation.

5. Examination of the patients. Stroke. Multiple sclerosis.

6. Principles of the Developmental Neurology. Neurological manifestations in childhood.  
(Department of Paediatric Neurology, Paediatric Faculty Hospital)

7. Principles of the Developmental Neurology. Neurological manifestations in childhood. (Department of Paediatric Neurology, Paediatric Faculty Hospital)

8. Examination of the patients. Peripheral nervous system disorders (polyneuropathies, polyneuritis, disorders of the neuromuscular junction).

9. Examination of the patients. Dementias. Movement disorders.  
Vertebrogenic disorders.

10. Classified credit (including the completed patient's evaluation and performance of the diagnostic summary).

**Credit awarded: date:**

Teacher's signature:

**Practical exam (Neurology): date .....**

Questions:

- 1.
- 2.
- 3.

**Grade:**

Teacher's signature:

**Theoretical exam (Neurology) date .....**

Questions:

- 1.
- 2.
- 3.

**Final grade:**

Teacher's signature: