

Questions Week 2		Required knowledge and skills
1.	Lesions of n. opticus	Visus, perimeter (homonymous and bitemporal hemianopsia), eye fundus
2.	Lesions n. III symptoms	Subjectively - diplopia, objectively - ptosis, divergent strabism, mydriasis
3.	Lesions n. IV	Subjectively diplopia when looking down and to the side, compensatory position of the head
4.	Lesions n. VI	Subjectively diplopia, objectively strabismus konvergens
5.	Internuclear ophthalmoparesis	Diplopia in horizontal view, paresis of adduction, nystagmus on the abducting eye, convergence is preserved
6.	Lesions of n. trigeminus	Sensitivity disorders in individual branches, absent reflex - corneal, maseter, neuralgic pains
7.	Paresis n. VII central	Resting drop of the corner, asymmetry of the mouth when valuing, mimic innervation of the upper half of the face is preserved
8.	Paresis n. VII peripheral	Smoothed wrinkles, lagophthalmus, drooping mouth corner, asymmetrical valuation, there may be loss of taste from the front 2/3 of the tongue
9.	Bulbar syndrome	Dysarthria and nasallia, dysphagia, droopal arches, decreased gag reflex, soft palate sensory disorder, tongue movement disorder, atrophy, fasciculation
10.	Pseudobulbar syndrome	Dysarthria, poorly expressed dysphagia, gag reflex is preserved, there is no atrophy and fasciculation on the tongue, often impaired executive functions, frontal syndrome, gait disturbance, incontinence
11.	Alternating stem syndromes mesencephalic	Ipsilateral paresis on III and IV, contralaterally central hemiparesis including central paresis n. VII
12.	Alternating pontine stem syndromes	Ipsilateral peripheral paresis on VII, contralaterally central hemiparesis
13.	Alternating stem syndromes oblongate	Ipsilateral paresis n. XII. - when crawling, the tongue resorts to the side of the lesion, contralaterally central hemiparesis
14.	Dysarthria and aphasia	Description of the disorder, method of examination, Wernicke's and Broca's aphasia, basic types of dysarthria
15.	Meningeal syndrome	Description of subjective symptoms, method of examination, most common causes
16.	Muscle tone and its disorders	Description of symptoms, examination of rigidity, spasticity and hypotonia, the most common causes
17.	Central paresis - the main characteristics	Description of symptoms, findings during examination, most common causes
18.	Peripheral paresis - the main characteristics	Description of symptoms, findings during examination, most common causes
19.	Spastic hemiparesis syndrome	Description of symptoms, findings during examination, most common causes
20.	Spastic paraparesis syndrome	Description of symptoms, findings during examination, most common causes
21.	Spastic quadriparesis syndrome	Description of symptoms, findings during examination, most common causes

22.	Cerebellar syndrome neocerebellar	Symptoms, examination, localization of the lesion, the most common causes
23.	Cerebellar syndrome paleocerebellar	Symptoms, examination, localization of the lesion, the most common causes
24.	Syringomyelic dissociation of sensation	Symptoms, examination, localization of the lesion, the most common causes
25.	Back cord syndrome	Symptoms, examination, localization of the lesion, the most common causes
26.	Polyneuropathic syndrome	Symptoms, examination, localization of the lesion, the most common causes
27.	Neurological gait disorders	Symptoms, examination, localization of the lesion, the most common causes
28.	Extrapyramidal hypokinetic	Symptoms, examination, the most common causes
29.	Hyperkinetic syndromes - tremor, myoclonus	Basic characteristics of movement, distribution, main units where it occurs
30.	Hyperkinetic syndromes - chorea, dystonia	Basic characteristics of movement, distribution, main units where it occurs
31.	Vestibular syndrome central (disharmonious)	Nystagmus and tonic deviations do not correspond in direction, nystagmus is often vertical, rotational,
32.	Vestibular syndrome peripheral (harmonic)	Rotational dizziness (vertigo), often nausea and vomiting, horizontal-rotational nystagmus (fast and slow component), tonic deviations to the side of the lesion
33.	Examination of impaired consciousness	Specifics of examination of an unconscious patient – mediated medical history, ensuring basic vital functions, quantitative and qualitative disorders of consciousness, GCS, the most common causes
34.	Radicular syndrome L4	Symptoms, examinations including indication of auxiliary examinations, causes
35.	Radicular syndrome L5	Symptoms, examinations including indication of auxiliary examinations, causes
36.	Radicular syndrome S1	Symptoms, examinations including indication of auxiliary examinations, causes
37.	Radicular syndrome C7	Symptoms, examinations including indication of auxiliary examinations, causes
38.	Cauda syndrome	Symptoms, examinations including auxiliary examinations, differential diagnosis, time indication of solution

Notes: For each question/examination, the student should be able to demonstrate independently how to perform the examination. At the same time, they must know what the test looks like in a physiological state, how it changes qualitatively or quantitatively in pathological conditions, in which syndromes these tests are positive, what are the most common causes of these abnormalities.