

PARKINSONS HISTORY + EXAMINATION

Its all about the duration and complications

- Will typically be **ONE –SIDED**
- Will eventually spread to other limbs and trunk

ASK ABOUT:

- **Stiffness** and slowed movements: Cogwheel rigidity
- **Tremor** or shaking at rest (! **PILL-ROLLING TREMOR !**)
= relieved by goal-oriented activity
- Difficulty getting out of a chair or rolling over in bed
- Frequent falls or tripping
- Difficulty walking
- Memory loss
- Posture shifts forward into stoop
- **Speech changes** (eg, whispering, rapid speech)
- **Micrographia**
- Slowness in performing ADLs
- Drooling (“sialorrhoea”)
- Ask: when did they stop driving?
(a good indicator of progression)

FIRST FEATURE
Is usually the
LOSS OF ARM SWING
WHEN WALKING

Findings on Examination

MUST ASK ABOUT
!!! DEPRESSION !!!

1. Look at the GAIT:
 - Shuffling,
 - festinating (staggering forward)
 - No arm movement
 - Difficulty stopping
 - Posture is stooped forward
2. Kinesia Paradoxa:
 - fast movements are OK
 - slow movements are absent
3. Tremor:
 - characteristic pill-rolling 5 hertz movement, usually assymetrical
 - disappears with voluntary movement (i.e a resting tremor)
4. Tone
 - Cogwheel Rigidity: especially when distracted
 - Reflexes are **NORMAL !!**
5. Face
 - Mask-like face
 - Absence of blinking, the glassy “parkinsonian stare”
 - Seborrhoea (feel the oily forehead)
 - Weakness of upward gaze is CHARACTERISTIC of Parky’s
6. Speech
 - Monotonous, Rapid and whispering,
 - “Palilalia” (repetition of last syllable)
7. Autonomic features:
 - Orthostatic Hypotension will be present.
 - Slowed enteric motility and constipation
 - Urinary retention and incontinence
8. Dysphagia

