

NEUROLOGY SPECIALISTS of Monmouth County, NJ

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Welcome:

We are pleased that to chose to have your neurology clerkship here, and will make every effort to make this an enjoyable and education experience. Dr Holland is the clerkship director, and he can be contacted in person or by email (nholland@neurologyspecialists.org) with any questions.

How will you learn?

1. This is primarily an office based rotation. You will spend either the morning (8.30 to 12noon) or afternoon session (1 to 4.30pm) each day in our office seeing neurology out-patients with one of our doctors. You can call the office 732-935-1850 every day between 8 and 8.30am to confirm that days' assignment. There will be informal clinical teaching with every patient
2. You will be expected to spend the remainder of each day on self-directed learning, either at home or in the Monmouth Medical Library. This should include:
 - a. Further reading about the conditions of the patients you have seen.
 - b. General neurology reading (see below).
 - c. Review the Symptom based neurology core lectures at www.holland-neurology.org (this site is password protected, but you will be assigned a temporary username and password).
 - d. Web based learning using the Drexel Neurology Clerkship website <http://webcampus.drexelmed.edu/neurology/default.htm>.
 - e. It is also helpful to review online lectures from the Drexel Muscle Weakness (localization) and NeuroPsych modules on the IFM website at <http://webcampus.drexelmed.edu/IFM/IFM2011/sessions.asp>.
3. We will try to arrange for you to spend at least one day at the hospital, seeing hospital neurology consults and practicing bedside case presentation.
4. There will be at least one neurology conference at the hospital you should attend.
5. There will be at least one opportunity to see neuromuscular patients with Dr Holland at Muscular Dystrophy Clinic.

What should you read?

We would suggest that you pick a small neurology book such as Blue Prints in Neurology or Neurology Secrets, and try and read the whole book during the rotation. You should reserve the larger books, such as Adams and Victor, for reference. There is a more complete reading list, and

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links to online text books at the Drexel Neurology Clerkship website at
<http://webcampus.drexelmed.edu/neurology/default.htm>.

What are you supposed to learn (specifics)?

- A. The Neurologic Examination (as an integral component of the general medical examination).
 - 1. How to perform a focused but thorough neurologic examination.
 - 2. How to perform a neurologic examination on patients with an altered level of consciousness.
 - 3. How to recognize and interpret abnormal findings on the neurologic examination.
- B. Localization - general principles differentiating lesions at the following levels:
 - 1. Cerebral hemisphere.
 - 2. Posterior fossa.
 - 3. Spinal cord.
 - 4. Nerve root/Plexus.
 - 5. Peripheral nerve (mononeuropathy, polyneuropathy, and mononeuropathy multiplex).
 - 6. Neuromuscular junction.
 - 7. Muscle.
- C. Symptom Complexes - a systematic approach to the evaluation and differential diagnosis of patients who present with:
 - 1. Focal weakness.
 - 2. Diffuse weakness.
 - 3. Clumsiness.
 - 4. Involuntary movements.
 - 5. Gait disturbance.
 - 6. Urinary or fecal incontinence.
 - 7. Dizziness.

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8. Vision loss.
 9. Diplopia.
 10. Dysarthria.
 11. Dysphagia.
 12. Acute mental status changes.
 13. Dementia.
 14. Aphasia.
 15. Headache.
 16. Focal pain
 - a. Facial pain.
 - b. Neck pain.
 - c. Low back pain.
 - d. Neuropathic pain
 17. Numbness or paresthesias.
 18. Transient or episodic focal symptoms.
 19. Transient or episodic alteration of consciousness.
 20. Sleep disorders.
 21. Developmental disorders.
- D. Approach to Specific Diseases - general principles for recognizing, evaluating and managing the following neurologic conditions (either because they are important prototypes, or because they are potentially life-threatening):
1. Potential emergencies:
 - . Increased intracranial pressure.
 - a. Toxic-metabolic encephalopathy.
 - b. Subarachnoid hemorrhage.
 - c. Meningitis/Encephalitis.
 - d. Status epilepticus.

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- e. Acute stroke (ischemic or hemorrhagic).
 - f. Spinal cord or cauda equina compression.
 - g. Head Trauma.
 - h. Acute respiratory distress due to neuromuscular disease (e.g., myasthenic crisis or acute inflammatory demyelinating polyradiculoneuropathy).
 - i. Temporal arteritis.
2. Strokes.
 3. Seizures.
 4. Alzheimer's disease.
 5. Parkinson's disease.
 6. Essential tremor.
 7. Multiple sclerosis.
 8. Migraine.
 9. Bell's palsy.
 10. Carpal tunnel syndrome.
 11. Diabetic polyneuropathy.
 12. Brain death.

How will you be evaluated?

Students will be evaluated by Dr Holland. The evaluation include: Consultation with all the doctors in the practice who worked with the student, observation of a neurologic examination, and a brief oral examination. The final evaluation will be submitted electronically after the rotation is completed, and constitutes 65% of the final grade. There is also a Drexel "shelf" exam taken at the end of the rotation. Passing the shelf exam is a requirement to passing the course. The grade in the written exam will constitute 35% of the final grade. If a student fails the exam he/she will have the opportunity to take it again after completing remedial work. If the student fails a second time, the entire course will have to be repeated.