

Neurologist James Kelly and NHL Great Pat LaFontaine: Cranial Nerve Test

Produced by: BrainLine.org

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Dr. James Kelly: Now what we're going to do today is just the Cranial Nerve Examination and we'll start it up at the top and move down in terms of reflexes and strength and coordination. And so the first thing I want you to do first of all is to square yourself off knees back -- on the edge of the table, back further. So your legs are dangling, okay good. Nice and square all the way so that you're looking straight at my nose. What I want you to do is just point with your hands so the fingers that you see wiggle, but keep staring at my nose all the time.

Now, watch my finger wherever it goes holding your head still the whole time. Okay, good. I'm going to touch your forehead and your face. You tell me if you can feel at the same on both sides, about the same?

Pat LaFontaine: Yeah.

Dr. James Kelly: Equally? Even in here where that injury was before?

Pat LaFontaine: Yeah.

Dr. James Kelly: Or there's a little numb there.

Pat LaFontaine: The other side here?

Dr. James Kelly: Well, remember that on your second one you have that cut right here.

Pat LaFontaine: Oh that's right.

Dr. James Kelly: Can you feel that?

Pat LaFontaine: Yeah.

Dr. James Kelly: Oh, so that's all back to normal now.

Pat LaFontaine: That's good.

Dr. James Kelly: That's good too. Close your eyes real tight. Real tight like you got soap in them. Don't let me open them up -- fight, fight, fight, fight, okay, good. Wrinkle the up your forehead like that, good. Show me your teeth like this, okay, good. Open them wide and say ah.

Pat LaFontaine: Ah.

Dr. James Kelly: Okay, stick out your tongue. Okay, good. Clench your teeth. Again. Okay, that's good. I'm going to make soft noises next to your ears. Close your eyes and tell me left or right.

Pat LaFontaine: Right. Left. Both.

Dr. James Kelly: Okay, that's good. Shrug your shoulders like this. Okay. Turn your head as far as it will go to the left and hold it there. Okay, now to the right. Good. Forward and back. Okay. No problems

that way with that at all, okay good. With your hands, hold them up in front of you like this. Stretch all the way up like you have them on board. Now, close your eyes and hold them nice and steady. I'm going to tap your hands, don't let them move. Keep your eyes closed and touch your nose with this finger. Okay and now with this one. Okay, perfect. Just relax and open your eyes. With your right hand, do this like I'm doing it real fast, right on that knuckle. Very good, left hand. Very good, now do this. And the other hand. Very good. Now here in this knee, do this. And there. Okay, good. Touch my finger with yours. And then touch your nose. Go back and forth wherever I move my finger. Very good, now left hand. Okay, that's great. Hold your arms up like this and don't let me push them down, fight real hard. Okay, good. Make muscles like this and don't let me pull them up, fight. Okay, same idea, fight. Okay. Same position, this time push out. Okay. Okay, good. Now stiff wrist back like this and don't let me bend them. Okay. All right, very good. Grip my hands. Very good. Fingers spread apart and don't let me squeeze them together, fight real hard. Fight real hard with fingers back like this and don't let me push them down. I'm going to push them down. Okay, that's very good. Now, with one knee at a time I'm going to have you lift it up and not let me push them down. So just pick this leg up, fight, okay, and this one. Okay, very good. Push your knees out against my hands, okay, and pull them in. Okay, kick out. Kick out. Okay and then I'll pull back and don't let me pull it in. Here you go, now pull. There you go. Now, feet up in the air like this and don't let me push you down. Okay and this one. Same thing. Okay, very good. Now, if we did that right, the doctor and the patient are supposed to get red in the face, but I suspect only I got red in the face this time.

Okay, straight back just a little, so your shoes are out. Here you go. Just like that nice and loose. Okay, good. Now, stare at the edge of that picture and don't blink as I tap your forehead, just with my finger. Keep staring there. Okay, now here feel this first pat. It's a little bit -- it's not sharp, but it's rough, right. I'm going to stroke your palm like that. Look at that. Don't pay any attention to what I am doing. The same thing here. Same thing here. Okay, good. Now, I'm going to tap my finger, juts to let your jaw hang just like that. Okay, very good. Cool metal, yes, cool?

Pat LaFontaine: Uh-hum.

Dr. James Kelly: Same?

Pat LaFontaine: Uh-hum.

Dr. James Kelly: Here and here, about the same?

Pat LaFontaine: About the same.

Dr. James Kelly: Here, here, about the same?

Pat LaFontaine: Uh-hum.

Dr. James Kelly: Here and here about the same?

Pat LaFontaine: Yeah.

Dr. James Kelly: Okay. And here and here?

Pat LaFontaine: Uh-hum.

Dr. James Kelly: Okay and now, what I'm going to do down here is I'm going to put this on your ankle and you can tell me what you feel now.

Pat LaFontaine: Vibration.

Dr. James Kelly: Okay. Tell me when it's completely gone, look away.

Pat LaFontaine: Gone.

Dr. James Kelly: Okay. This one? Same way do you feel it?

Pat LaFontaine: Yeah. Gone.

Dr. James Kelly: Okay, good. Okay, the rest of what we would do in terms of pin prick and all that, I'm not going to go through today because I know that's all been normal all along and I wouldn't anticipate that to be a problem. I do want to look in your eyes. You still have just a little bit of a lid lag on your left since that blow to your brow.

Pat LaFontaine: Yeah. Was that when you first told me about.

Pat LaFontaine: The right side of my eye? I think that as always there. What I mean...

Dr. James Kelly: It was your face.

Pat LaFontaine: It was the right side of my face.

Dr. James Kelly: Yeah it was, but it was down -- it was here.

Pat LaFontaine: Yeah.

Dr. James Kelly: And then what we did is that you gave me that video tape of the pre-injury...

Pat LaFontaine: Like in prior...

Dr. James Kelly: That it was always -- it's just the way your face has been all your life.

Pat LaFontaine: The way it is.

Dr. James Kelly: Yeah. So, what I want you to do now is just stare again at that spot. Blink anytime you need to, but keep staring at one spot. I apologize for my sandwich breath here. Alright, look straight. Any problems with your hearing. I actually I didn't detect anything.

Pat LaFontaine: No.

Dr. James Kelly: Problems with wax build up anything I should look in there?

Pat LaFontaine: They're good.

Dr. James Kelly: Alright, they're good. But what I'm speaking off really has to do with the opening of this eye compared to this one.

Pat LaFontaine: Right.

Dr. James Kelly: This one still is down a little bit because of all that injury right here.

Pat LaFontaine: Yeah.

Dr. James Kelly: From your last concussion.

Pat LaFontaine: That's why I had all the redness for the longest time.

Dr. James Kelly: Sure did. It half closed your eye.

Pat LaFontaine: A real long time.

Dr. James Kelly: For the longest time. And so, now I think that the control of that lid is still impeded a little bit.

Pat LaFontaine: Really?

Dr. James Kelly: By the soft tissues that are coming down on it.

Pat LaFontaine: Okay.

Dr. James Kelly: And it's just minimal. I don't think it's a neurological issue at all.

Pat LaFontaine: It's just this, cosmetic.

Dr. James Kelly: Yeah. Well and probably isn't noticeable to any body other those of us who examined you and...

Pat LaFontaine: Yeah.

Dr. James Kelly: Look for these sorts of things.

Pat LaFontaine: Yeah, because I don't even notice it.

Dr. James Kelly: Yeah. Everything else looks just like it has before. It's just perfectly fine. There are no problems.