

- Patients complain of “worst headache of my life, phonophobia, photophobia, nausea, vomiting in those who have a history of a berry aneurysm or arteriovenous malformation: Subarachnoid hemorrhage
- Hypertensive hemorrhages (Charcot-Bouchard microaneurysm) most often occur in the putamen of basal ganglia (lenticulostriate vessels), followed by the thalamus, pons, and cerebellum: Intraparenchymal hemorrhage
- Contralateral paralysis and sensory loss of face and upper limb. Aphasia if the dominant hemisphere is involved. Hemineglect if a lesion is in the nondominant hemisphere: Middle Cerebral artery stroke
- Contralateral paralysis, sensory loss of lower limb, and urinary incontinence: Anterior cerebral artery stroke
- Contralateral paralysis. Absence of cortical signs (eg, neglect, aphasia, visual field loss): lenticulostriate artery stroke (Pure motor/ lacunar stroke)
- Contralateral paralysis of upper and lower limbs. ↓ contralateral proprioception, ipsilateral tongue deviation: Anterior spinal artery stroke (Medial medullary syndrome)
- Dysphagia, hoarseness, gag reflex, hiccups, vomiting, vertigo, and nystagmus. ↓ pain and temperature sensation in the contralateral body, ipsilateral face. Ipsilateral Horner syndrome, ipsilateral ataxia, and dysmetria: Posterior inferior cerebellar artery stroke (Lateral medullary (Wallenberg) syndrome)
- Paralysis of the face (LMN lesion), ↓ lacrimation, ↓ salivation, ↓ and taste from anterior 2/3 of the tongue. Vomiting, vertigo, nystagmus. ↓ pain and temperature sensation in the contralateral body, ipsilateral face. Ipsilateral Horner syndrome, ataxia, dysmetria. Ipsilateral sensorineural deafness, and vertigo: Anterior inferior cerebellar artery stroke (Lateral pontine syndrome)
- Quadriplegia; loss of voluntary facial, mouth, and tongue movements. Loss of horizontal eye movements, but not vertical. If RAS is spared, consciousness is preserved: Basilar artery stroke (Locked-in syndrome)
- Contralateral hemianopia with macular sparing; alexia without agraphia: Posterior cerebral artery stroke

- Initial paresthesias followed by allodynia (ordinarily painless stimuli cause pain) and dysesthesia (altered sensation) in weeks to months on the contralateral side: Central post-stroke pain syndrome (Neuropathic pain due to thalamic lesions)
- “worst headache of my life” or “thunderclap headache” in ADPKD, Ehlers-Danlos syndrome, smoker, & hypertensive patient: Berry aneurysm rupture
- Small aneurysms associated with chronic hypertension; affect small vessels (eg, lenticulostriate arteries in basal ganglia, thalamus) and can cause hemorrhagic intraparenchymal strokes: Charcot-Bouchard microaneurysm
- Disorder of recurrent and unprovoked seizures: Epilepsy
- Continuous ( $\geq 5$  min) or recurring seizures that may result in brain injury: Status epilepticus
- 3 Hz spike-and-wave discharges on EEG, no postictal confusion, and blank stare: Absence (petit mal) seizure
- Alternating stiffening and movement, postictal confusion, urinary & fecal incontinence, tongue biting, Todd's paralysis: Tonic-clonic (grand mal) seizure
- Commonly mistaken for fainting but it's seizure: Atonic “drop” seizures (falls to the floor);
- Seizure in pediatric patients having high fever due to infection: Febrile seizure

## Musculoskeletal system:

- “Empty/full can” test: rotator cuff injury (“SITS” muscle group of the shoulder)
- Neer sign or test: Pain with passive flexion of the shoulder with scapula held in place: supraspinatus injury
- Hawkins- Kennedy sign or test: Pain with internal rotation of the shoulder with shoulder & elbow flexed: Subscapularis injury
- Neer sign, Hawkins- Kennedy sign, Painful arc: Subacromial Impingement syndrome (Subacromial bursitis, Rotator cuff tendinitis/tear, long head biceps tendonitis)
- Flattened deltoid, Loss of arm abduction at the shoulder ( $> 15^\circ$ ), Loss of sensation over deltoid and lateral arm: Axillary (C5-C6) nerve injury

- Exotoxin destroys keratinocyte attachments in stratum granulosum, Characterized by fever and generalized erythematous rash, ⊕ Nikolsky sign: Staphylococcal scalded skin syndrome
- Cluster vesicles on lips, mucosa, labia, or skin. Seen in immunocompromised patients: Herpes infection
- Umbilicated papules and sexually transmitted in adults: Molluscum contagiosum
- Multiple crops of lesions in various stages from vesicles to crusts are seen in dermatome distribution: Varicella zoster virus (varicella (chickenpox) and zoster (shingles))
- Irregular, white, painless plaques on the lateral tongue that cannot be scraped off, occur in HIV-positive patients, and organ transplant recipients: Hairy leukoplakia (EBV mediated) (precancerous)
- White, painless plaques on the lateral tongue that can be scraped off, occurs in the immunocompromised patient, TPN, and chronic antibiotic use: Oral Candidiasis (oral thrush)

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