UMN vs LMN and localization

Upper motor neuron signs	Lower motor neuron signs
Increased tone (spasticity), hyperreflexia, extensor plantar response (Babinski), weakness in a pattern.	Reduced tone, reduced or absent reflexes, muscle wasting, fasciculations, weakness in a myotome or nerve distribution.

Crossed sign

A cranial nerve deficit on the lesion side with a limb deficit on the other side points to the brainstem.

Spinal cord patterns

Brown-Sequard: ipsilateral motor and proprioception loss, contralateral pain and temperature loss below the lesion.
Central cord: arms more affected than legs.
Anterior cord: motor and pain and temperature loss, proprioception spared.

Five-step routine

1. Name symptoms and signs. 2. Decide UMN or LMN.
3. Describe the sensory pattern. 4. Decide one side, both sides or one level.
5. Generate hypotheses and name the finding that separates them.

Red flag: sudden focal deficit. Escalate under the facility protocol and note the time the deficit was first seen.

Examples are teaching examples, not requirements.
For clinical review by Andrea: confirm the pattern descriptions against your course teaching.

Education only. Not a medical record and not a substitute for facility policy.