Text

Description automatically generated with medium confidence

Medical Conditions – Neurology

For Renewal of Accreditation and ACIR

Please complete the chart below by filling in the medical conditions seen by the resident over the course of the program. Patients evaluated, treated, or managed by the resident as part of the resident’s education throughout the course of the program should be included within the template.

The patient’s medical condition is only counted during the first patient encounter. **Patient encounters beyond the initial visit should not be included in the frequency count.**

|  |  |
| --- | --- |
| **Name of Graduate:** | |
| Medical Conditions **Neurology** | **Number of Patients Evaluated, Treated, or Managed by the Resident as Part of the Program’s Curriculum** |
| **Nervous System** | |
| Acute poliomyelitis and postpoliomyelitis syndrome |  |
| Amyotrophic lateral sclerosis (ALS) |  |
| Basal ganglia disorders (eg, Parkinson disease, Huntington disease, dystonias) |  |
| Central nervous system tumors |  |
| Cerebellar disorders |  |
| Cerebral palsy |  |
| Cerebrovascular disease |  |
| Dementia/Alzheimer’s disease |  |
| Guillain-Barre syndrome and polyneuropathies |  |
| Multiple sclerosis |  |
| Peripheral neuropathy |  |
| Psychiatric disorders and aphysiologic disorders |  |
| Spinal cord injury |  |
| Traumatic brain injury |  |
| Vestibular disorders |  |
| **Musculoskeletal System** | |
| Muscle disease |  |
| **Involvement Of Multiple Systems** | |
| Amputations in individuals with neurologic disorders |  |
| Falls and balance disorders |  |
| **Other** | |
| Insert additional conditions not reflected above |  |