MADISON NEUROLOGY · NEUROLOGY SYMPTOM GUIDE

Difficulty moving the eyes or a sensation that objects are moving or jumping

Structured history, interpretation & clinical review

Symptom 48 of 94
Clinical educational workbook
Version 1.0 · October 2026

Not for clinical use. This guide cannot diagnose, triage, or exclude an emergency. Seek emergency care for severe, sudden, or worsening symptoms.

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> **Document purpose**
> A structured educational history and diagnostic-reasoning workbook. Treatment is outside its scope.

Scope and safe use

Difficulty moving the eyes or oscillating vision is separated into ophthalmoplegia, gaze palsy, nystagmus/oscillopsia, orbital restriction, and neuromuscular fatigue.

Not for clinical use.
This educational workbook does not diagnose, triage, estimate probability, replace examination, or exclude an emergency. If a safety-screen answer is Yes or uncertain, follow the stated action rather than continuing routine interpretation.

How to complete the workbook

- Record the current episode and the person’s usual baseline; use a witness account for events with impaired awareness.
- Check one option per question unless a clinician documents a different combination. “Not sure” is unresolved information, not a negative answer.
- Complete the safety screen before all other sections. Record exact onset or last-known-well time for sudden deficits.
- Use Section 2 only after the form is complete. More than one pattern may be relevant; urgency takes precedence.
- Use Section 3 to plan focused examination and clinician-selected investigations. No test is automatic or universally required.

Specific escalation rule

New severe headache, new focal weakness or numbness, new speech/language difficulty, reduced consciousness, a prolonged seizure, severe breathing or swallowing difficulty, sudden visual loss, or rapidly progressive weakness requires emergency assessment. Call 911 in the United States.

Section 1: Input form

Checkbox history for Difficulty moving the eyes or a sensation that objects are moving or jumping

1A. Immediate safety screen

Is there sudden visual loss, a curtain or missing field, or a new large shower of floaters or flashes?

☐ No ☐ Yes ☐ Not sure

If Yes: Contact an emergency eye service or emergency department now.

Is there a painful red eye, halos, vomiting, marked light sensitivity, or pain with eye movement?

☐ No ☐ Yes ☐ Not sure

If Yes: Seek same-day emergency eye assessment; sudden visual loss requires emergency care now.

Is there new double vision with weakness, severe headache, confusion, imbalance, or difficulty speaking?

☐ No ☐ Yes ☐ Not sure

If Yes: Call emergency services now and record onset or last-known-well time.

Is there eye protrusion, fever, eyelid swelling, new inability to move the eye, or recent eye trauma?

☐ No ☐ Yes ☐ Not sure

If Yes: Seek emergency eye/orbital assessment now.

> **Stop rule:** Any Yes answer triggers the action printed under that question. Any Not sure answer requires prompt in-person clarification; do not treat it as No.

1B. Timeline

How did the symptom begin?

☐ Suddenly, over seconds or minutes ☐ Over hours to days ☐ Gradually over weeks or months ☐ Longstanding or since childhood ☐ Not sure

Use the first occurrence for recurrent episodes; use the current episode for a changing symptom.

What is the overall course?

☐ One persistent episode ☐ Separate recurrent episodes ☐ Steadily worsening ☐ Fluctuating or variable ☐ Currently resolved

Has this exact pattern been assessed before?

☐ Definitely new ☐ The same pattern occurred before ☐ Present and stable for a long time ☐ Not sure

1C. Discriminating features

Which description fits best?

☐ One or both eyes cannot move fully ☐ Objects jump, bounce, or oscillate ☐ Double vision with movement ☐ Pain or mechanical resistance with movement

Is the problem in one direction, all directions, or only during head movement?

☐ One gaze direction ☐ Most or all directions ☐ With head/body movement ☐ Variable or fatigable

Is there ptosis, unequal pupil, proptosis, or eyelid retraction?

☐ Yes ☐ No ☐ Not sure

Is there severe imbalance, slurred speech, or weakness?

☐ Yes ☐ No ☐ Not sure

1D. Associated findings

Are there other neurological symptoms—weakness, numbness, speech change, double vision, swallowing difficulty, or severe imbalance?

☐ Yes ☐ No ☐ Not sure

Are there systemic clues—fever, weight loss, cancer, infection risk, pregnancy/postpartum status, or a new medication?

☐ Yes ☐ No ☐ Not sure

How much does this affect daily activity?

☐ Noticeable but activities continue ☐ Some activities are limited ☐ Cannot perform usual activities ☐ Not sure

1E. Clinical context

Who is being assessed?

☐ Adult or adolescent ☐ Child under 12 ☐ Adult aged 65 or older

Could a medicine, substance, withdrawal, or recent dose change be relevant?

☐ No plausible contributor ☐ Yes or possibly ☐ Not reviewed

Include sedatives, dopamine-blocking drugs, stimulants, decongestants, anticholinergics, alcohol, and non-prescribed substances when relevant.

Is there a relevant neurological, muscular, metabolic, cardiovascular, autoimmune, or sleep disorder?

☐ No known relevant condition ☐ Yes ☐ Not sure

What prior information is available?

☐ A previous examination or investigation ☐ Prior records but no clear explanation ☐ No useful prior assessment ☐ Not sure

Additional history and documentation

Record exact dates/times, witness details, relevant medication doses and changes, prior investigation reports, and the person’s baseline function.

Section 2: Interpreting the input form

Answer combinations generate a differential and an assessment pathway—not a diagnosis.

> **Precedence:** Emergency safety answers override every pattern below. Otherwise, the highest-urgency fully matched pattern takes precedence. If entries are incomplete, contradictory, or match no pattern, use the unresolved-information pathway.

Pattern 1: Acute ophthalmoplegia or oscillopsia with neurological signs

Is there severe imbalance, slurred speech, or weakness? Yes
How did the symptom begin? Suddenly, over seconds or minutes

Emergency warning pattern — Now

Acute eye-movement dysfunction with imbalance, speech, or weakness is an emergency central pathway.

Differential to review:

- Cranial neuropathy, gaze palsy, or brainstem/cerebellar disorder

Action: Call 911 or go to the nearest emergency department now. Do not drive yourself.

Pattern 2: Painful or orbital restrictive pattern

Which description fits best? Pain or mechanical resistance with movement
Is there ptosis, unequal pupil, proptosis, or eyelid retraction? Yes

Emergency warning pattern — Now

Painful restricted eye movements with orbital signs require emergency orbital assessment.

Differential to review:

- Orbital inflammatory, thyroid, restrictive, or traumatic disorder

Action: Call 911 or go to the nearest emergency department now. Do not drive yourself.

Pattern 3: Variable fatigable ocular-motor pattern

Is the problem in one direction, all directions, or only during head movement? Variable or fatigable
What is the overall course? Fluctuating or variable

Urgent assessment pattern — Same day

Variable fatigable eye-movement findings follow a myasthenia assessment pathway.

Differential to review:

- Myasthenia gravis

Action: Arrange same-day medical assessment. If symptoms are rapidly worsening or severe, call 911.

Pattern 4: Acute isolated limited eye movement

Which description fits best? One or both eyes cannot move fully / Double vision with movement
Is there severe imbalance, slurred speech, or weakness? No
Is there ptosis, unequal pupil, proptosis, or eyelid retraction? No

Urgent assessment pattern — Same day

New limited eye movement requires prompt cranial-nerve and orbital localization.

Differential to review:

- Cranial neuropathy, gaze palsy, or brainstem/cerebellar disorder
- Orbital inflammatory, thyroid, restrictive, or traumatic disorder

Action: Arrange same-day medical assessment. If symptoms are rapidly worsening or severe, call 911.

Pattern 5: Longstanding jumping/movement sensation

How did the symptom begin? Longstanding or since childhood
Which description fits best? Objects jump, bounce, or oscillate
Is there severe imbalance, slurred speech, or weakness? No

Prompt clinical review pattern — Promptly

Longstanding nystagmus/oscillopsia needs ophthalmic and vestibular characterization, with urgency if changed.

Differential to review:

- Peripheral vestibular, congenital nystagmus, or visual/optical cause

Action: Arrange an in-person medical or neurological review promptly, usually within days. Seek sooner care if the pattern changes.

Unresolved-information pathway: The entries need structured in-person characterization.

Urgent assessment pattern — Same day

Do not guess missing answers or convert uncertainty into reassurance. Document what is unknown, perform an in-person examination, clarify the timeline with a witness or records when available, and reassess if any new feature appears.

Action: Arrange same-day medical assessment. If symptoms are rapidly worsening or severe, call 911.

Section 3: Clinical review

Diagnostic modules and focused investigation logic

The examination comes before a test list. Select investigations only after localization, urgency, comorbidity, pregnancy status, renal function, anticoagulation, and prior results have been considered.

3.1 Cranial neuropathy, gaze palsy, or brainstem/cerebellar disorder

Discriminating features: Directional or global ophthalmoplegia, nystagmus, oscillopsia, or associated neurological signs.

Logical investigations: Detailed ocular-motor/neurological examination and urgent brain/vascular imaging for acute presentations.

3.2 Orbital inflammatory, thyroid, restrictive, or traumatic disorder

Discriminating features: Painful/restricted movement, proptosis, lid signs, or trauma.

Logical investigations: Urgent orbital examination and CT/MRI as indicated; assess optic-nerve function.

3.3 Myasthenia gravis

Discriminating features: Variable/fatigable ophthalmoplegia and ptosis without sensory or orbital inflammatory signs.

Logical investigations: Fatigability testing and specialist antibody/electrodiagnostic evaluation.

3.4 Peripheral vestibular, congenital nystagmus, or visual/optical cause

Discriminating features: Head-movement oscillopsia or longstanding nystagmus; reduced vision can mimic movement symptoms.

Logical investigations: Vestibular/eye examination, old-video comparison, audiometry and ophthalmic assessment as indicated.

Reassessment and documentation

- If the symptom pattern changes, repeat the safety screen and timeline rather than carrying forward an earlier interpretation.
- If a test is unrevealing but the deficit persists or progresses, revisit localization and seek specialist review; a normal result does not automatically end assessment.
- If symptoms resolve, document duration, completeness of recovery, recurrence, and any residual deficit. Resolved sudden focal symptoms can still require urgent vascular assessment.
- If the history and examination conflict, obtain collateral information and in-person review rather than forcing a single diagnostic label.

Selected references

Sources provide background standards and do not replace local emergency pathways or current specialist guidance. Accessed October 2026.

1. National Institute for Health and Care Excellence. (2019, updated 2023). *Suspected neurological conditions: recognition and referral (NG127)*. https://www.nice.org.uk/guidance/ng127
2. American Academy of Ophthalmology. (2020). *Preferred Practice Pattern: Comprehensive Adult Medical Eye Evaluation*. https://www.aao.org/preferred-practice-pattern/comprehensive-adult-medical-eye-evaluation-ppp