Recent advances in the field of imaging techniques and precision medicine like the development of various novel monitoring systems, biosensors, and provision to deliver remote medical care (telemedicine) have reduced the chances of physical interactions between physicians and patients. Further advances in the field of diagnostics have generated a debate regarding the role of neurological examination in the management of patients at large, including patients with traumatic brain injuries (TBIs). TBI is a complicated condition that needs thorough monitoring and care to reduce complications and enhance patient outcomes. An important component of TBI treatment is a neuro-check or neurological evaluation. It is essential to develop a patient-specific plan for the frequency of neuro-checks to provide optimal monitoring and care based on the special needs of each individual patient. High-risk patients need more frequent neuro-checks to detect early signs of impairment. Without adequate categorization, individuals who require additional monitoring could go unnoticed, which could affect their neurological outcomes.

Consider each patient’s risk profile, injury characteristics, comorbidities, and other factors when choosing the frequency of neuro-checks. Individuals at higher risk of deterioration can be monitored and treated with this individualized approach without negatively impacting others at lower risk. Doctors can improve outcomes and reduce the risk of delirium by tailoring the frequency of neuro-checks to each patient’s needs. This combines close observation with patient comfort. Afterward, the difficulty in standardizing neuro-check frequency and the need for more information to distinguish between patients underline the importance of an individualized approach in clinical practice. It is crucial to identify patients who require more regular neuro-checks and to modify the frequency based on personal risk factors. Further investigation is required to address the study’s limitations and offer suggestions for the frequency of neuro-checks in TBI patients that are supported by facts.

A detailed neurological examination may encompass a range of questions and examination methods that can be curtailed to the need of individual patients defined by the history elicited from individual patients. Neurological examination in patients with TBI can be influenced by various demographic factors and characteristics of individual patients. In addition, the presentation of each can vary depending on the severity of the injury, location, and rapidity of the intracranial hemorrhages and presence of systemic/secondary injuries including spinal injuries. These will help in determining the depth of the neurological examination required in individual cases and the need and frequency of neurological examination.

The art of neurological examination is increasingly being compromised and it is important to recognize that the advances need to be seen as supplants to the neurological examination rather than as complements. The concept of clinical examination extends beyond just physical examination and helps establish a special relationship between physicians and patients, that is, a relationship of mutual understanding and respect. There is a need to redefine the existing clinical/neurological examination, the so-called method anatamo-clinique of Charcot, to ensure rapid diagnosis and timely investigations, addressing the issues related to health economics and medical concerns and thus providing safe patient care. In spite of all the advancements, the question regarding the essential elements of neurological examination and what medical students should be taught shall remain relevant.
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Conflict of Interest
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