Is there actual weakness, or pain preventing movement?

Is the weakness unilateral or bilateral?

Unilateral
- Upper & lower face?
- Follows peripheral nerve distribution?
- Radicular pain or paresthesias?
- Crossed signs? AMS?
- Vertigo or ataxia?
- Hemiparesis?
- Lower face only?
- Headache/AMS?

Bilateral
- Muscle
- Pain at site?
- Fluctuating course? Toxin exposure?
- Diabetes or autoimmune dz?
- Cauda equina symptoms?
- Trauma? IV drug use? Anticoag?

Elderly or with multiple comorbidities

Also consider metabolic, cardiac, and/or infectious workup

**No sensory loss**

Unilateral or bilateral: 
- Muscle
- NMJ
- Periph nerve
- Nerve root
- Spine*
- Brainstem*
- Cerebellum*
- Cerebrum*

Note: None of the above are absolute rules; for example, MS, trauma, and metastatic tumors can cause unilateral spinal findings. Workup should be tailored to the patient’s specific concerns and history.

*Usually necessitates imaging; consider MS if the weakness comes and goes, and/or affects multiple neuro-anatomically distinct regions.