## Glasgow Coma Scale (GCS)

<table>
<thead>
<tr>
<th>Eye opening</th>
<th>Best motor response</th>
<th>Verbal response</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spontaneous</td>
<td>4</td>
<td>Obeys</td>
<td>6</td>
</tr>
<tr>
<td>To loud voice</td>
<td>3</td>
<td>Localizes</td>
<td>5</td>
</tr>
<tr>
<td>To pain</td>
<td>2</td>
<td>Withdraws</td>
<td>4</td>
</tr>
<tr>
<td>None</td>
<td>1</td>
<td>Abnormal flexion posturing</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Extension posturing</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>None</td>
<td>1</td>
</tr>
</tbody>
</table>
Two Similar Examples of Patients with a “Kernohan Notch” Phenomenon: Both due to Acute Subdural Hematomas

Horizontal CT Scan [left] & T2W MRI Scan [right]

Kole MK, Hysell SE. Neurology 2000;55:1751
Horizontal CT Scan [left] & DWI MRI Scan [right]
Fig. 4-4. Cranial cavity after brain was removed to demonstrate relationships of the cerebral arterial circle, adjacent neural structures, and reflections of the dura mater. (Truex and Kellner, Detailed Atlas of the Head and Neck, 1948; courtesy of Oxford University Press.)