

## NEUROLOGICAL EXAMINATION CHECKLIST

(Sheet 1 of 2)

(See text of Appendix 5A for examination procedures and definitions of terms.)

Patient's Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Describe pain/numbness: \_\_\_\_\_

### HISTORY

Type of dive last performed: \_\_\_\_\_ Depth: \_\_\_\_\_ How long: \_\_\_\_\_

Number of dives in last 24 hours: \_\_\_\_\_

Was symptom noticed before, during or after the dive? \_\_\_\_\_

If during, was it while descending, on the bottom or ascending? \_\_\_\_\_

Has symptom increased or decreased since it was first noticed? \_\_\_\_\_

Have any other symptoms occurred since the first one was noticed? \_\_\_\_\_

Describe: \_\_\_\_\_

Has patient ever had a similar symptom before? \_\_\_\_\_ When: \_\_\_\_\_

### MENTAL STATUS/STATE OF CONSCIOUSNESS

#### COORDINATION

Walk: \_\_\_\_\_  
Heel-to Toe: \_\_\_\_\_  
Romberg: \_\_\_\_\_  
Finger-to-Nose: \_\_\_\_\_  
Heel Shin Slide: \_\_\_\_\_  
Rapid Movement: \_\_\_\_\_

#### CRANIAL NERVES

Sense of Smell (I): \_\_\_\_\_  
Vision/Visual Fld (II): \_\_\_\_\_  
Eye Movements, Pupils (III, IV, VI): \_\_\_\_\_  
Facial Sensation, Chewing (V): \_\_\_\_\_  
Facial Expression Muscles (VII): \_\_\_\_\_  
Hearing (VIII): \_\_\_\_\_  
Upper Mouth, Throat Sensation (IX): \_\_\_\_\_  
Gag & Voice (X): \_\_\_\_\_  
Shoulder Shrug (XI): \_\_\_\_\_  
Tongue (XII): \_\_\_\_\_

#### STRENGTH (Grade 0 to 5)

##### UPPER BODY

Deltoids L \_\_\_\_\_ R \_\_\_\_\_  
Latissimus L \_\_\_\_\_ R \_\_\_\_\_  
Biceps L \_\_\_\_\_ R \_\_\_\_\_  
Triceps L \_\_\_\_\_ R \_\_\_\_\_  
Forearms L \_\_\_\_\_ R \_\_\_\_\_  
Hand L \_\_\_\_\_ R \_\_\_\_\_

##### LOWER BODY

##### HIPS

Flexion L \_\_\_\_\_ R \_\_\_\_\_  
Extension L \_\_\_\_\_ R \_\_\_\_\_  
Abduction L \_\_\_\_\_ R \_\_\_\_\_  
Adduction L \_\_\_\_\_ R \_\_\_\_\_

##### KNEES

Flexion L \_\_\_\_\_ R \_\_\_\_\_  
Extension L \_\_\_\_\_ R \_\_\_\_\_

##### ANKLES

Dorsiflexion L \_\_\_\_\_ R \_\_\_\_\_  
Plantarflexion L \_\_\_\_\_ R \_\_\_\_\_

##### TOES

L \_\_\_\_\_ R \_\_\_\_\_

Figure 5A-1a. Neurological Examination Checklist (sheet 1 of 2).

## NEUROLOGICAL EXAMINATION CHECKLIST

(Sheet 2 of 2)

### REFLEXES

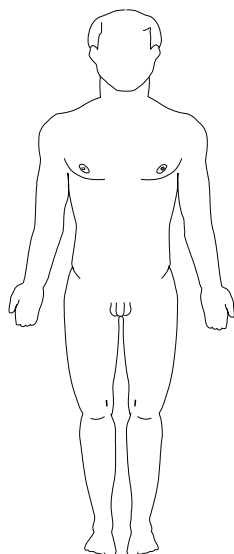
(Grade: Normal, Hypoactive, Hyperactive, Absent)

Biceps	L _____	R _____
Triceps	L _____	R _____
Knees	L _____	R _____
Ankles	L _____	R _____

### Sensory Examination for Skin Sensation

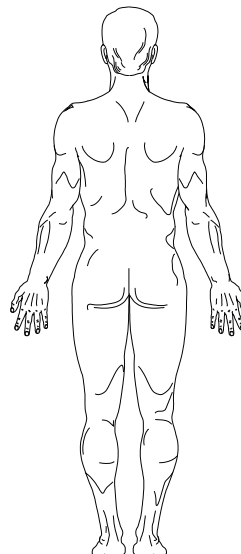
(Use diagram to record location of sensory abnormalities – numbness, tingling, etc.)

### LOCATION



Indicate results  
as follows:

	Painful Area
====	Decreased Sensation



### COMMENTS

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Examination Performed by: \_\_\_\_\_

**Figure 5A-1b.** Neurological Examination Checklist (sheet 2 of 2).