

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: _____

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 _____

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): _____

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

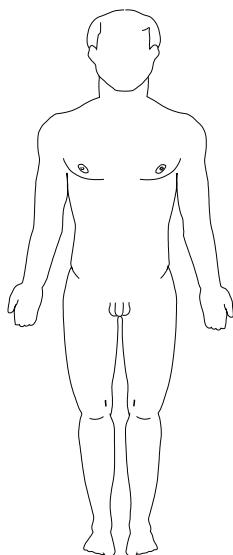
(Grade: Normal, Hypoactive, Hyperactive, Absent)

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

Sensory Examination for Skin Sensation

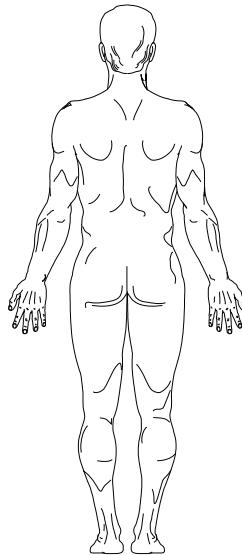
(Use diagram to record location of sensory abnormalities – numbness, tingling, etc.)

LOCATION



Indicate results
as follows:

- |||| Painful Area
- ===== Decreased Sensation



COMMENTS

Examination Performed by: _____

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