

The Neurological Examination

Diver's Name: _____ Date: _____ Time: _____

MENTAL STATE AND CONSCIOUSNESS (COMA)

Consciousness (eyes open):

Awake

Voice

Pain

Unconscious

Orientation:

Time

Place

Person

Date, season, year, etc.

Location, town, country, etc.

Identifying persons & self

Memory:

Short-term

Long-term

Remember 5 things - recall after serial 7's

Longer time ago - e.g. date & place of course - check in log-book

Arithmetic:

Serial 7's

(100 - 7: note the number of mistakes)

CRANIAL NERVES

- Sense of smell _____ (Normal sense of smell)
- Vision/ visual field _____ (Can SEE normally)
- Eye movements _____ (both eyes move together, pupils are equal)
- Facial sensation _____ (forehead, cheeks, chin - both sides)
- Facial movements _____ (smile, frown, close eyes, blow up cheeks)
- Hearing _____ (rubbing fingers, abnormal sounds?)
- Soft palate "aah" _____ (soft palate lifts both sides when saying "aah")
- Gag & voice _____ (Normal gag reflex, swallowing, normal voice)
- Shoulder shrug _____ (shrugging against resistance)
- Tongue _____ (sticking out straight)

MOTOR FUNCTION AND STRENGTH (Measure strength grade 0-5)

Upper limbs	L	R	Notes	Lower limbs	L	R	Notes
Deltoid				Hips extend			
Latissimus				Hips flex			
Biceps				Open legs			
Triceps				Close legs			
Forearm up				Quads (squat)			
Forearm down				Hamstrings			
Hand squeeze				Calves			
Fingers open				Big toe lift			

Sitting up normally? _____

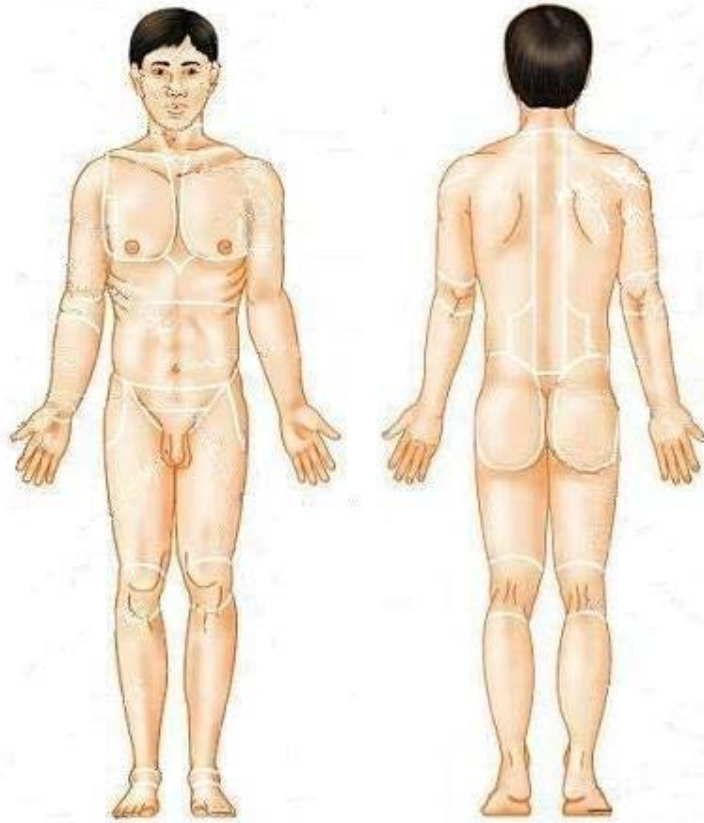
REFLEXES (normal, increased, decreased or absent)

Reflex	L	R	Notes	HOW?
Biceps				(On your finger - on the biceps tendon)
Triceps				(Where the triceps meets the elbow)
Knees				(Just below the knee - on the tendon)
Ankles				(On the Achilles tendon - foot flexed)
Toes				(Scrape sole - from the heel towards the toes - toes should normally go <u>downwards</u>)

SENSATION (pain, light touch, sharp/dull, pins & needles)

Indicate the sensory changes on the pictures

Notes:



Notes:

BALANCE AND COORDINATION

Gait: Is the person walking normally? _____

Heel-Toe walking: _____

Rhomberg test: Falling over when eyes closed? _____

Alternating movements: Clapping hands: _____

Marking time: _____

Orientation in space: Finger-Nose: _____

Heel-shin slide: _____

Touch fingers above head: _____

Comments: _____

Examination performed by: _____ (print & sign)