

Patient: _____

Doctor: _____

Date: _____

History:

Patellar	L _____ R _____
Flexor (rear)	L _____ R _____
Gastrocnemius	L _____ R _____
Cranial tibial	L _____ R _____
Crossed extensor	L _____ R _____
Cutaneous trunci	L _____ R _____

Mental Status and Behavior:

Posture:

Gait:

Anal tone/Perineal sensation:

Tail tone:

Cranial Nerves:

	<u>L</u>	<u>R</u>
Olfactory (I)		
Menace Response		
Optic (II)		
PLR (III) – direct		
PLR (III) – consensual		
Palpebral (V,VII)		
Facial symmetry (VII)		
Jaw tone/ temporalis m (V)		
Oculocephalic (III, IV, VI, VIII)		
Strabismus (+/- VII)		
Nystagmus (+/- VII)		
Gag (IX,X)		
Spinal Accessory (XI)		
Tongue (XII)		

Palpation:

Cervical spine:
Thoracic spine:
Lumbar spine:
Sacral spine:
Musculature:
Hyperesthesia:

Neuroanatomic Localization:

Differential Diagnosis:

D- degenerative
A- anomalous (congenital)
M- metabolic
N- neoplastic, nutritional
I- inflammatory, infectious, idiopathic
 immune-mediated, iatrogenic,
T- traumatic, toxic
V- vascular

Postural Reactions:

(0-absent, 1-decreased, 2-normal)

Proprioception	LF	RF	LH	RH
Hopping	LF	RF	LH	RH
Wheelbarrow	LF	RF	LH	RH
Hemiwalking	LF	RF	LH	RH
Visual placing	LF	RF	LH	RH
Tactile placing	LF	RF	LH	RH
Stairs	LF	RF	LH	RH
Extensor Postural Thrust			LH	RH

Plan:

Superficial & Deep Pain Sensation:

Spinal reflexes:

(0-absent, 1-decreased, 2-normal, 3-increased, 4-clonic)

Flexor (front)	L _____ R _____
Biceps	L _____ R _____
Triceps	L _____ R _____