

RAPID NEUROLOGICAL EXAMINATION

Patient's Name: _____ Place: _____ Date: _____ Time: _____

Normal Abnormal HEAD AND NECK

- Orientation (time, person. Place)
- Visual Acuity (count fingers; ask about double vision)
- Visual Fields (bring fingers from behind patients head)
- Pupils equal and reactive to light
- Eye movement ("H" pattern; nystagmus)
- Sensation of forehead, checks, lower jaw
- Clench teeth (check jaw muscles)
- Furrow brow
- Smile or grimace
- Shut eyes tight (check muscles above and below eyes)
- Check hearing / noises
- Swallow
- Shrug shoulders (apply force both shoulders; check resistance)
- Protrude tongue (check for deviation to one side)

SENSATION

- Ask if any unusual sensation
- Check sensation of arms, trunk, back, legs
- Ask if the sensation is the same on both sides

MOTOR FUNCTIONS

- Finger squeezes bilaterally
- Thumbs down, resist pushing arms together
- Thumbs up, resist pushing arms apart
- Check flexion and extension of the hip, knee and ankle
- Plantar Reflex (toes down = normal)

Add explanatory note for all abnormalities.

Figure 2-3-1 Rapid Neurological Examination Checklist
** This form to be reproduced locally