

# Examination

Initial  
  2  
  3  
  4  
  5  
  6  
  7  
  8  
  9  
  10  
  Final

Patient Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

AOCC:  See DD \_\_\_\_\_

### Vital Signs

Height: \_\_\_\_\_ In.    Weight: \_\_\_\_\_ Lbs.    Temp.: \_\_\_\_\_ °F    Pulse: \_\_\_\_\_ BPM  
 Resp.: \_\_\_\_\_ BPM    Blood Pres.:  Sit  Lay    Lt.: \_\_\_\_/\_\_\_\_    Rt.: \_\_\_\_/\_\_\_\_  
 Dynamometer Grip:    Lt.: \_\_\_\_/\_\_\_\_    Rt.: \_\_\_\_/\_\_\_\_  
(Circle Handedness)

A = Abnormal	C = No Complaint	D = Edema	E = Eye Wincing	F = Facial Grimace
N = Normal	R = Rigidity	S = Spasm	V = Verbal Upset	O = Omitted

### VBAI Screen

Auscultation for Bruits		Left	Right	Left	Right
Carotid				Hautant's Test	
Subclavian				Klein's Maneuver	

### History

	Yes	No		Yes	No		Yes	No
Birth Control Pills			Blurred Vision			Vertigo		
Hypertension			Tinnitus			L.O.C.		
Atherosclerosis			Speech or Swallowing Problems			Coll. W/O L.O.C.		
History of CVA			H.I.V.			Smoking		
Anticoagulants			A.I.D.S.					

### Cranial Nerves

Left		Right		Left		Right		Left		Right		Left		Right	
1			3			5			7			9			11
2			4			6			8			10			12

### D.T.R. Reflexes

**0 = Abs    1 = Hypo    2 = Norm    3 = Hyper    4 = Clonus**

**J = Jendrassik's    R = Reinforced Fist**

DTR		Left	Right	Path	L	R	L	R
BI	C5			Babinski			Oppenheim	
BR	C6			Chaddock			Rhomberg	
TR	C7			Gordon			Rossolimo	
PAT	L4, L5			Hoffman			Tromner	
ACH	S1							

### Motor Strength

**0 = Zero    1 = Trace    2 = Poor    3 = Fair    4 = Good    5 = Normal**

	Left	Right		Left	Right
Deltoid			Hip Flexors		
Wrist Ext.			Hip Add.		
Wrist Flex			Knee Ext.		
Finger Flex			Dorsi Flex		
Interossei			Plantar Flex		

### Palpation

Static: \_\_\_\_\_

Motion: \_\_\_\_\_

Musculature: \_\_\_\_\_

### Sensory

Pinwheel: \_\_\_\_\_ AEWNL: \_\_\_\_\_

Vibration: \_\_\_\_\_ AEWNL: \_\_\_\_\_

Percussion: \_\_\_\_\_ AEWNL: \_\_\_\_\_

