

Head/Neck Exam

Patient Name: _____ Date: _____ Dr: _____

Notes: _____

Visual Inspection

Translation:	<input type="checkbox"/> negative	<input type="checkbox"/> lateral left	<input type="checkbox"/> lateral right	<input type="checkbox"/> anterior	<input type="checkbox"/> posterior
Rotation:	<input type="checkbox"/> negative	<input type="checkbox"/> acute	<input type="checkbox"/> chronic	<input type="checkbox"/> left	<input type="checkbox"/> right
Lateral Flexion:	<input type="checkbox"/> negative	<input type="checkbox"/> acute	<input type="checkbox"/> chronic	<input type="checkbox"/> left	<input type="checkbox"/> right
Flexion/Extension:	<input type="checkbox"/> negative	<input type="checkbox"/> forward flexion	<input type="checkbox"/> posterior extension		

Static Joint Palpation

Tenderness:	<input type="checkbox"/> negative	<input type="checkbox"/> acute mild-moderate	<input type="checkbox"/> acute moderate-severe	<input type="checkbox"/> chronic tenderness				
Increased temperature:	<input type="checkbox"/> negative	<input type="checkbox"/> acute	<input type="checkbox"/> chronic	<input type="checkbox"/> present				
Abnormal Gross Alignment:	<input type="checkbox"/> C0	<input type="checkbox"/> C1	<input type="checkbox"/> C2	<input type="checkbox"/> C3	<input type="checkbox"/> C4	<input type="checkbox"/> C5	<input type="checkbox"/> C6	<input type="checkbox"/> C7
Hypomobility:	<input type="checkbox"/> C0	<input type="checkbox"/> C1	<input type="checkbox"/> C2	<input type="checkbox"/> C3	<input type="checkbox"/> C4	<input type="checkbox"/> C5	<input type="checkbox"/> C6	<input type="checkbox"/> C7
Hypermobility:	<input type="checkbox"/> C0	<input type="checkbox"/> C1	<input type="checkbox"/> C2	<input type="checkbox"/> C3	<input type="checkbox"/> C4	<input type="checkbox"/> C5	<input type="checkbox"/> C6	<input type="checkbox"/> C7
Swelling:	<input type="checkbox"/> C0	<input type="checkbox"/> C1	<input type="checkbox"/> C2	<input type="checkbox"/> C3	<input type="checkbox"/> C4	<input type="checkbox"/> C5	<input type="checkbox"/> C6	<input type="checkbox"/> C7
Crepitus:	<input type="checkbox"/> negative	<input type="checkbox"/> present	Enlarged Facet:	<input type="checkbox"/> negative	<input type="checkbox"/> present			
Mass:	<input type="checkbox"/> negative	<input type="checkbox"/> present	Scoliosis:	<input type="checkbox"/> negative	<input type="checkbox"/> present			

Muscle Palpation acute or chronic

	Guarding			Increased Temp			Spasm/Hypertonicity			Palp Band/Taut Fibers			Swelling		
	L	R	B	L	R	B	L	R	B	L	R	B	L	R	B
Sub Occipital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SCM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scalenes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supraclavicular Fossa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cervical Paraspinal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cervical Intrinsic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trapezius	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supraclavicular Fossa	<input type="checkbox"/> abnormal soft tissue			<input type="checkbox"/> abnormal bony tissue											

Cervical Range of Motion acute or chronic

		Pain			Stiffness			Crepitus		
		Mild	Moderate	Severe	Mild	Moderate	Severe	Mild	Moderate	Severe
ACTIVE ROM										
Flexion (50)	<input type="checkbox"/> Negative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extension (60)	<input type="checkbox"/> Negative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L Lat Flex (45)	<input type="checkbox"/> Negative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R Lat Flex (45)	<input type="checkbox"/> Negative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L Rot (80)	<input type="checkbox"/> Negative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R Rot (80)	<input type="checkbox"/> Negative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PASSIVE ROM										
Flexion (50)	<input type="checkbox"/> Negative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extension (60)	<input type="checkbox"/> Negative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L Lat Flex (45)	<input type="checkbox"/> Negative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R Lat Flex (45)	<input type="checkbox"/> Negative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L Rot (80)	<input type="checkbox"/> Negative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R Rot (80)	<input type="checkbox"/> Negative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VBI

	Pulsations/Bruits	Vertigo	Dizziness	Visual Blurring	Nausea	Faintness	Nystagmus
Barre Leiou							
Vertebrobasilar Artery Fcnl Maneuver							
Hallpikes							
Maignes							
DeKleyn's							
Underburgs							
	Lose Balance	Drop Arms		Pronate Hands			
Hautant's Test	<input type="checkbox"/> no <input type="checkbox"/> yes	Left / Right / Bilateral		Left / Right / Bilateral			

Orthopedic

Sprain/Strain negative acute pain with Active ROM acute pain with Passive ROM

George's *left* negative bruits present *right* negative bruits present

Rust's Sign negative guarded movement suspect fracture guarded movement suspect strain guarded movement suspect disc

Soto Hall negative local pain – acute mild local pain - acute mod/sev local pain - chronic
 radicular pain L Hermitte's sudden tingling

Spinal Percussion negative local pain - acute mild local pain - acute mod/sev radicular pain local pain - chronic

Bakody's *left* negative pain is relieved *right* negative pain is relieved

Distraction negative relief of local or radicular pain

Extension Compression negative symptoms decrease local pain radicular pain

Flexion Compression negative local pain radicular pain

Foraminal Compression negative local pain radicular pain

Jackson's Compression *left* negative local radicular *right* negative local radicular

Maximum Foraminal Compression	<i>left</i>	<input type="checkbox"/> negative	<input type="checkbox"/> pain with radiation on side of head rotation	<input type="checkbox"/> local pain wih no radiation	<input type="checkbox"/> pain on opposite side of head rotation
	<i>right</i>	<input type="checkbox"/> negative	<input type="checkbox"/> pain with radiation on side of head rotation	<input type="checkbox"/> local pain wih no radiation	<input type="checkbox"/> pain on opposite side of head rotation

Shoulder Abduction	<i>left</i>	<input type="checkbox"/> negative	<input type="checkbox"/> decrease or relief of symptoms (disc)	<input type="checkbox"/> decrease or relief of symptoms (epidural vein)
	<i>right</i>	<input type="checkbox"/> negative	<input type="checkbox"/> decrease or relief of symptoms (disc)	<input type="checkbox"/> decrease or relief of symptoms (epidural vein)

Shoulder Depression	<i>left</i>	<input type="checkbox"/> negative	<input type="checkbox"/> local pain/tight trapezius	<input type="checkbox"/> local pain/spasm trapezius	<input type="checkbox"/> local pain with passive motion	<input type="checkbox"/> radicular pain same side	<input type="checkbox"/> radicular pain opposite side
	<i>right</i>	<input type="checkbox"/> negative	<input type="checkbox"/> local pain/tight trapezius	<input type="checkbox"/> local pain/spasm trapezius	<input type="checkbox"/> local pain with passive motion	<input type="checkbox"/> radicular pain same side	<input type="checkbox"/> radicular pain opposite side

Spurlings *left* negative local radicular *right* negative local radicular

Dejerine's negative radiating pain

Swallowing negative pain with associated esophageal injury pain with no associated esophageal injury

Valsalva negative local neck radicular neck local thoracic radicular thoracic local low back radicular low back

Reflex

	<i>Left</i>					<i>Right</i>					<i>Left</i>					<i>Right</i>								
	0	1	2	3	4	5	0	1	2	3	4	5	0	1	2	3	4	5	0	1	2	3	4	5
BicepsC5/6																								
BrachRadC6																								

Babinski Reflex plantar flexion of toes (negative) dorsi flexion of great toe (present)

Sensory

	Negative	Hypo	Hyper	Inconclusive		Negative	Hypo	Hyper	Inconclusive
C5	<input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> L <input type="checkbox"/> R	C7	<input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> L <input type="checkbox"/> R
C6	<input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> L <input type="checkbox"/> R	C8	<input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> L <input type="checkbox"/> R

Motor

acute or chronic

	Left					Right						Left					Right								
	0	1	2	3	4	5	0	1	2	3	4	5		0	1	2	3	4	5	0	1	2	3	4	5
Biceps C5/6													F Ext C7/8												
WExt C6													F Flex C8												
WFlex C6-8													FAbdC8T1												
Triceps C7													InterC8T1												

Job Performance / ADL's / Recreation / VAS scale

Condition's Effect On Job Performance: **No Effect** **Mild** Painful (Can do) **Mod** Painful (limited ability)
 Mod/Sev Limited Duty **Sev** No Limited Duty **Sev** (can't do limited duty) **Resolved**

Daily Activities: Effects of Current Condition on Performance

- Bending: **No Effect** **Mild** Painful (Can do) **Mod** Painful (Limited) **Sev** Unable to Perform
- Care –Infirm Family: **No Effect** **Mild** Painful (Can do) **Mod** Painful (Limited) **Sev** Unable to Perform
- Carrying Groceries: **No Effect** **Mild** Painful (Can do) **Mod** Painful (Limited) **Sev** Unable to Perform
- Change Posn–Sit–Stand: **No Effect** **Mild** Painful (Can do) **Mod** Painful (Limited) **Sev** Unable to Perform
- Climb Stairs: **No Effect** **Mild** Painful (Can do) **Mod** Painful (Limited) **Sev** Unable to Perform
- Driving: **No Effect** **Mild** Painful (Can do) **Mod** Painful (Limited) **Sev** Unable to Perform
- Extended Computer Use: **No Effect** **Mild** Painful (Can do) **Mod** Painful (Limited) **Sev** Unable to Perform
- Feeding: **No Effect** **Mild** Painful (Can do) **Mod** Painful (Limited) **Sev** Unable to Perform
- Household Chores: **No Effect** **Mild** Painful (Can do) **Mod** Painful (Limited) **Sev** Unable to Perform
- Kneeling: **No Effect** **Mild** Painful (Can do) **Mod** Painful (Limited) **Sev** Unable to Perform
- Lift Children: **No Effect** **Mild** Painful (Can do) **Mod** Painful (Limited) **Sev** Unable to Perform
- Lifting: **No Effect** **Mild** Painful (Can do) **Mod** Painful (Limited) **Sev** Unable to Perform
- Pet Care: **No Effect** **Mild** Painful (Can do) **Mod** Painful (Limited) **Sev** Unable to Perform
- Reading (Concentration): **No Effect** **Mild** Painful (Can do) **Mod** Painful (Limited) **Sev** Unable to Perform
- Self Care: **No Effect** **Mild** Painful (Can do) **Mod** Painful (Limited) **Sev** Unable to Perform
- Self Care–Bathing: **No Effect** **Mild** Painful (Can do) **Mod** Painful (Limited) **Sev** Unable to Perform
- Self Care–Dressing: **No Effect** **Mild** Painful (Can do) **Mod** Painful (Limited) **Sev** Unable to Perform
- Self Care–Shaving: **No Effect** **Mild** Painful (Can do) **Mod** Painful (Limited) **Sev** Unable to Perform
- Sexual Activities: **No Effect** **Mild** Painful (Can do) **Mod** Painful (Limited) **Sev** Unable to Perform
- Sleep: **No Effect** **Mild** Painful (Can do) **Mod** Painful (Limited) **Sev** Unable to Perform
- Static Sitting: **No Effect** **Mild** Painful (Can do) **Mod** Painful (Limited) **Sev** Unable to Perform
- Static Standing: **No Effect** **Mild** Painful (Can do) **Mod** Painful (Limited) **Sev** Unable to Perform
- Walking: **No Effect** **Mild** Painful (Can do) **Mod** Painful (Limited) **Sev** Unable to Perform
- Yard Work: **No Effect** **Mild** Painful (Can do) **Mod** Painful (Limited) **Sev** Unable to Perform

Recreational Activity:

- _____ **No Effect** **Mild** Painful (Can do) **Mod** Painful (limited) **Sev** Unable to Perform **Resolved**
- _____ **No Effect** **Mild** Painful (Can do) **Mod** Painful (limited) **Sev** Unable to Perform **Resolved**
- _____ **No Effect** **Mild** Painful (Can do) **Mod** Painful (limited) **Sev** Unable to Perform **Resolved**
- _____ **No Effect** **Mild** Painful (Can do) **Mod** Painful (limited) **Sev** Unable to Perform **Resolved**

Level of Impairment Due to Symptoms (Resting):

0 1 2 3 4 5 6 7 8 9 10

Level of Impairment Due to Symptoms (With Activity):

0 1 2 3 4 5 6 7 8 9 10