Head/Neck Exam

Patient Name: _____ **Date:** _____ **Dr:** _____

Notes: _____

Visual Inspection

Translation:	☐ negative	☐ lateral left	☐ lateral right	☐ anterior	☐ posterior
Rotation:	☐ negative	☐ acute	☐ chronic	☐ left	☐ right
Lateral Flexion:	☐ negative	☐ acute	☐ chronic	☐ left	☐ right
Flexion/Extension:	☐ negative	☐ forward flexion	☐ posterior extension		

Static Joint Palpation

Tenderness:	☐ negative	☐ acute mild-moderate	☐ acute moderate-severe	☐ chronic tenderness				
Increased temperature:	☐ negative	☐ acute	☐ chronic	☐ present				
Abnormal Gross Alignment:	☐ C0	☐ C1	☐ C2	☐ C3	☐ C4	☐ C5	☐ C6	☐ C7
Hypomobility:	☐ C0	☐ C1	☐ C2	☐ C3	☐ C4	☐ C5	☐ C6	☐ C7
Hypermobility:	☐ C0	☐ C1	☐ C2	☐ C3	☐ C4	☐ C5	☐ C6	☐ C7
Swelling:	☐ C0	☐ C1	☐ C2	☐ C3	☐ C4	☐ C5	☐ C6	☐ C7

Crepitus:	☐ negative	☐ present	**Enlarged Facet:**	☐ negative	☐ present
Mass:	☐ negative	☐ present	**Scoliosis:**	☐ negative	☐ present

Muscle Palpation ☐ acute or ☐ chronic

	Guarding			Increased Temp			Spasm/ Hypertonicity			Palp Band/ Taut Fibers			Swelling		
Sub Occipital	☐L	☐R	☐B	☐L	☐R	☐B	☐L	☐R	☐B	☐L	☐R	☐B	☐L	☐R	☐B
SCM	☐L	☐R	☐B	☐L	☐R	☐B	☐L	☐R	☐B	☐L	☐R	☐B	☐L	☐R	☐B
Scalenes	☐L	☐R	☐B	☐L	☐R	☐B	☐L	☐R	☐B	☐L	☐R	☐B	☐L	☐R	☐B
Supraclavicular Fossa	☐L	☐R	☐B	☐L	☐R	☐B	☐L	☐R	☐B	☐L	☐R	☐B	☐L	☐R	☐B
Cervical Paraspinal	☐L	☐R	☐B	☐L	☐R	☐B	☐L	☐R	☐B	☐L	☐R	☐B	☐L	☐R	☐B
Cervical Intrinsic	☐L	☐R	☐B	☐L	☐R	☐B	☐L	☐R	☐B	☐L	☐R	☐B	☐L	☐R	☐B
Trapezius	☐L	☐R	☐B	☐L	☐R	☐B	☐L	☐R	☐B	☐L	☐R	☐B	☐L	☐R	☐B

Supraclavicular Fossa	☐ abnormal soft tissue	☐ abnormal bony tissue

Cervical Range of Motion ☐ acute or ☐ chronic

ACTIVE ROM		**Pain**			**Stiffness**			**Crepitus**		
Flexion (50)	☐ Negative	☐ Mild	☐ Moderate	☐ Severe	☐ Mild	☐ Moderate	☐ Severe	☐ Mild	☐ Moderate	☐ Severe
Extension (60)	☐ Negative	☐ Mild	☐ Moderate	☐ Severe	☐ Mild	☐ Moderate	☐ Severe	☐ Mild	☐ Moderate	☐ Severe
L Lat Flex (45)	☐ Negative	☐ Mild	☐ Moderate	☐ Severe	☐ Mild	☐ Moderate	☐ Severe	☐ Mild	☐ Moderate	☐ Severe
R Lat Flex (45)	☐ Negative	☐ Mild	☐ Moderate	☐ Severe	☐ Mild	☐ Moderate	☐ Severe	☐ Mild	☐ Moderate	☐ Severe
L Rot (80)	☐ Negative	☐ Mild	☐ Moderate	☐ Severe	☐ Mild	☐ Moderate	☐ Severe	☐ Mild	☐ Moderate	☐ Severe
R Rot (80)	☐ Negative	☐ Mild	☐ Moderate	☐ Severe	☐ Mild	☐ Moderate	☐ Severe	☐ Mild	☐ Moderate	☐ Severe
PASSIVE ROM		**Pain**			**Stiffness**			**Crepitus**		
Flexion (50)	☐ Negative	☐ Mild	☐ Moderate	☐ Severe	☐ Mild	☐ Moderate	☐ Severe	☐ Mild	☐ Moderate	☐ Severe
Extension (60)	☐ Negative	☐ Mild	☐ Moderate	☐ Severe	☐ Mild	☐ Moderate	☐ Severe	☐ Mild	☐ Moderate	☐ Severe
L Lat Flex (45)	☐ Negative	☐ Mild	☐ Moderate	☐ Severe	☐ Mild	☐ Moderate	☐ Severe	☐ Mild	☐ Moderate	☐ Severe
R Lat Flex (45)	☐ Negative	☐ Mild	☐ Moderate	☐ Severe	☐ Mild	☐ Moderate	☐ Severe	☐ Mild	☐ Moderate	☐ Severe
L Rot (80)	☐ Negative	☐ Mild	☐ Moderate	☐ Severe	☐ Mild	☐ Moderate	☐ Severe	☐ Mild	☐ Moderate	☐ Severe
R Rot (80)	☐ Negative	☐ Mild	☐ Moderate	☐ Severe	☐ Mild	☐ Moderate	☐ Severe	☐ Mild	☐ Moderate	☐ Severe

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	☐ no ☐ 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	***left***	**□ negative**	**□ pain with radiation on side of head rotation**	**□ local pain wih no radiation**	**□ pain on opposite side of head rotation**
	right	**□ negative**	**□ pain with radiation on side of head rotation**	**□ local pain wih no radiation**	**□ pain on opposite side of head rotation**

Shoulder Abduction	***left***	**□ negative**	**□ decrease or relief of symptoms (disc)**	**□ decrease or relief of symptoms (epidural vein)**
	right	**□ negative**	**□ decrease or relief of symptoms (disc)**	**□ decrease or relief of symptoms (epidural vein)**

Shoulder Depression	***left***	**□ negative**	**□ local pain/ tight trapezius**	**□ local pain/ spasm trapezius**	**□ local pain with passive motion**	**□ radicular pain same side**	**□ radicular pain opposite side**
	right	**□ negative**	**□ local pain/ tight trapezius**	**□ local pain/ spasm trapezius**	**□ local pain with passive motion**	**□ radicular pain same side**	**□ 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

	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**
BicepsC5/6													**TricepsC7**												
BrachRadC6																									

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

Sensory

	Negative	**Hypo**	**Hyper**	**Inconclusive**		**Negative**	**Hypo**	**Hyper**	**Inconclusive**
C5	**□L □R**	**□L □R**	**□L □R**	**□L □R**	**C7**	**□L □R**	**□L □R**	**□L □R**	**□L □R**
C6	**□L □R**	**□L □R**	**□L □R**	**□L □R**	**C8**	**□L □R**	**□L □R**	**□L □R**	**□L □R**

Motor

□ acute or □ chronic

	Left						*Right*					
	0	**1**	**2**	**3**	**4**	**5**	**0**	**1**	**2**	**3**	**4**	**5**
Biceps C5/6												
WExt C6												
WFlex C6-8												
Triceps C7												

	Left						*Right*					
	0	**1**	**2**	**3**	**4**	**5**	**0**	**1**	**2**	**3**	**4**	**5**
F Ext C7/8												
F Flex C8												
FAbdC8T1												
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

No Effect ◄——————————► Unable to Perform

	0/10	1/10	2/10	3/10	4/10	5/10	6/10	7/10	8/10	9/10	10/10
Bending:	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Care –Infirm Family:	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Carrying Groceries:	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Change Posn–Sit-Stand:	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Climb Stairs:	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Driving:	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Extended Computer Use:	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Feeding:	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Household Chores:	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Kneeling:	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Lift Children:	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Lifting:	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Pet Care:	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Reading (Concentration):	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Self Care:	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Self Care–Bathing:	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Self Care–Dressing:	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Self Care–Shaving:	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Sexual Activities:	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Sleep:	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Static Sitting:	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Static Standing:	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Walking:	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Yard Work:	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Recreational Activity:

No Effect ◄——————————► Unable to Perform

	0/10	1/10	2/10	3/10	4/10	5/10	6/10	7/10	8/10	9/10	10/10
_____:	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
_____:	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
_____:	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

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