*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 (60)** | ☐ Negative | ☐ Mild | ☐ Moderate | ☐ Severe | ☐ Mild | ☐ Moderate | ☐ Severe | ☐ Mild | ☐ Moderate | ☐ Severe |
| **Extension (75)** | ☐ 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 (60)** | ☐ Negative | ☐ Mild | ☐ Moderate | ☐ Severe | ☐ Mild | ☐ Moderate | ☐ Severe | ☐ Mild | ☐ Moderate | ☐ Severe |
| **Extension (75)** | ☐ 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 |

## Orthopedic - continued

| | | | | |
|---|---|---|---|---|
| **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* | | | | | | | *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** | | | | | | | | | | | | |