Rapid Field Neuro Checksheet

Diver's Name:	Name of Examiner:								
Date: Initial Complaint: _									
Time									Notes
Mental Status: Do they know:	Yes	No	Yes	No	Yes	No	Yes	No	
1) Their name?									
2) Where they are?									
3) Time of day?									
4) Most recent activity?									
5) Speech is clear, correct?									
Sight:	Yes	No	Yes	No	Yes	No	Yes	No	
1) Correctly counts fingers?	100						100		
2) Vision clear?									
	1	1	1		I	1	1	1	
Eye Movements:	Yes	No	Yes	No	Yes	No	Yes	No	
1) Move all four directions?									
2) Nystagmus absent?									
Facial Movements?	Yes	No	Yes	No	Yes	No	Yes	No	
1) Teeth clench OK?	100								
2) Able to wrinkle forehead?									
3) Tongue moves all directions?									
4) Smile symmetrical?									
Head/Shoulder Movements:	Voc	No	Yes	No	Vac	No	Voc	No	
1) "Adams Apple" moves?	Yes	No	res	No	Yes	No	Yes	No	
2) Shoulder shrug normal, equal?									
3) Head movements normal, equal?									
Hearing:	Yes	No	Yes	No	Yes	No	Yes	No	
1) Normal for that diver?									
2) Equal both ears?		<u> </u>			<u> </u>		l		
Sanastions: Present normal and	T	Π	T	Π	Γ	T	Τ	l	
Sensations: Present, normal and Symmetrical across?	Yes	No	Yes	No	Yes	No	Yes	No	
1) Face									
2) Chest									
3) Abdomen									
4) Arms (front)									
5) Hands 6) Legs (front)									
7) Feet									
8) Back									
9) Arms (back)									
10) Buttocks									
11) Legs (back)									
Mussle Tanas Duscout incimed									
Muscle Tone: Present, normal and symmetrical for:	Yes	No	Yes	No	Yes	No	Yes	No	
1) Arms									
2) Hand grips									
3) Legs									
4) Feet									
Delenes and Coordination	V	NI -	Vez	NI-	Ve	N	Vez	NI-	
Balance and Coordination:	Yes	No	Yes	No	Yes	No	Yes	No	
1) Romberg OK? 2) If Supine: Heel-shin slide OK?									
3) Alternating hand movements OK?									
Vital Signs:									
1) Blood pressure									
2) Pulse									
1000									

The Rapid Field Neuro Exam

Mental Status:

- 1) Ask the diver to state his name, where he is, the time of day, and most recent activity.
- 2) Evaluate his speech for clearness and appropriateness.

Cranial Nerves:

- 1) Sight / Eye movements:
 - a) Hold up different numbers of fingers for the diver to count.
 - b) Have the diver follow your finger with his eyes while keeping his head straight. Move your finger up, down, left and right. Watch for nystagmus.
- 2) Facial Movements:
 - a) Place your fingers at the angle of the diver's jaw and ask him to clench his teeth.
 - b) Ask him to wrinkle his forehead as you smooth the skin.
 - c) Instruct him to stick his tongue out and move it in all four directions.
 - d) Check the diver's smile for symmetry.
- 3) Head / Shoulder Movement:
 - a) Ask the diver to tilt his head back and swallow. Watch for his "Adams Apple" to move.
 - b) Push down lightly on his shoulders, asking him to shrug.
 - c) Put your hand on one side of the diver's face and ask him to push against it. Do the same with the other side, and on the forehead and back of the head.
- 4) Hearing:
 - a) Rub your fingers together close to the diver's ears to identify the sounds he's to listen for.
 - b) Ask him to close his eyes.
 - c) Move your hand away from his ear and make the sound again.
 - d) Continue to make the sound as you move your hand back towards the ear.
 - e) Ask him to tell you when he can hear the sound again.

Sensations:

- 1) The objective is to evaluate the sense of light touch and make sure it's equal on both sides of the body.
- 2) Sensations are checked with the diver's eyes closed, pockets empty, and the diver dressed down to light clothing or bare skin.

 3) Tell the diver that the light touch should feel normal and the same on both sides of his body.
- 4) Evaluate the body sections, checking the right and left sides at the same time. Overlap the sections slightly. 5) Run your fingers across the forehead, down the sides of the face and along the jaw line.
- 6) Then run your fingers down the diver's chest, abdomen, front of arms, legs and across the hands.
- 7) Turn him around and run your fingers down his back, buttocks, and the backs of the arms and legs.

Muscle Tone:

- 1) The objective is to evaluate muscle tone and determine that it's equal on both sides of the body.
- 2) Have the diver bend his arms so that his hands meet in the center of his chest. With his arms bent have him bring his elbows up level with his shoulders (or demonstrate the move and say "Do this").
- 3) Tell him to push against you as you push his elbows up, then down, and pull his hands away from his chest and push them back.
- 4) To evaluate grip strength in each hand, ask him to squeeze two of your fingers.
- 5) Leg evaluation: With diver sitting, evaluate both legs. Put your hand on his thigh and ask him to pick the leg up against resistance. Then put your hand under the thigh and ask him to pull down. Put your hands on the front of his lower legs and ask him to push out. Then put your hands behind the legs and ask him to pull back.
- 6) Leg evaluation: With diver laying, evaluate both legs. Ask him to do a straight leg raise as you lightly push down on the leg. Have him bend the leg up and push against your hand as you hold his foot.
- 7) Foot evaluation: Have the diver pull his feet up as you push them down and then push against your hands as if pushing on a pedal.

Balance and Coordination:

- 1) The objective is to make sure that the diver can hold himself upright, move without being off balance and that he has normal hand eye coordination. Protect the diver from falling.

 2) Romberg Test: Have the diver stand upright with his eyes closed, feet together and arms outstretched in front of him. Ask him to
- stand this way for several seconds. Then ask him to walk in place, bringing his knees up. Eyes remain closed.
- 3) Heel-shin slide: If the diver is laying down, have him place the heel of one foot on the opposite leg, just below the knee. Then have him run the heel down his shin to the ankle. Do both legs.
- 4) Alternating hand movements: Have the diver alternately touch his index finger to his nose and then to your finger, held about 18" (.5 meters) away from his face. Repeat the movement several times and test both hands.

Vital Signs (If trained and equipped):

- 1) The objective is to evaluate the findings in the Rapid Field Neuro Exam with the baseline vitals.
- 2) Blood pressure
- 3) Pulse
- 4) Respiration's