



5 minute Neurology Exam for Divers

Diver's name _____

Date of birth _____

Contact number _____

Examiner's name _____

Date and Time _____

Work through the following examination, marking abnormal findings.

When Testing Sensation: With diver's eyes closed, lightly touch their skin, ask them to say 'yes' each time they feel it

1. Orientation

- a. Person: Diver can tell you their name and DOB
- b. Place: Diver states where they are
- c. Time: To the nearest hour

2. Eyes

- a. Eye Movements: Draw an 'H' shape with your finger. Diver's eye movements should be smooth and not jerky
- b. Vision: Diver can count fingers. Test each eye in turn
- c. Pupils: Check they are equal in size and shrink in response to light

3. Ears

- a. Hearing: Rub your thumb and finger together 10cm from diver's ear, check they can hear each side

4. Face

- a. Sensation: Test several points on both sides of the face
- b. Movements: Get diver to do the following in turn:
 - raise eyebrows
 - screw up eyes tightly
 - show teeth

5. Mouth

- a. Movements: Get diver to:
 - stick out tongue (tongue should be central)
 - swallow a sip of water? If they choke keep them nil by mouth

6. Arms

- a. Sensation:
- b. Movements:

Test several points on both arms and shoulders
 Get diver to do the following, note any difference in strength between sides:

- shrug shoulders against resistance
- straighten and bend the elbows against resistance
- squeeze fingers

7. Legs

- a. Sensation:
- b. Movements:

Test several points on both legs
 Get diver to do the following in turn, note any difference in strength between sides:

- raise and lower the entire leg against resistance
- straighten and bend the knee against resistance

8. Coordination/Balance

If no symptoms since the dive and normal examination so far, ask diver to:

- Walk normally
- Walk heel to toe
- Stand with feet together, arms outstretched and eyes closed. (Ensure diver does not fall and look for any loss of balance)

Examination findings:

- Normal exam
- Abnormal exam

If exam abnormal:

Were any abnormalities found in examining the eyes, ears or mouth?

- Yes
- No

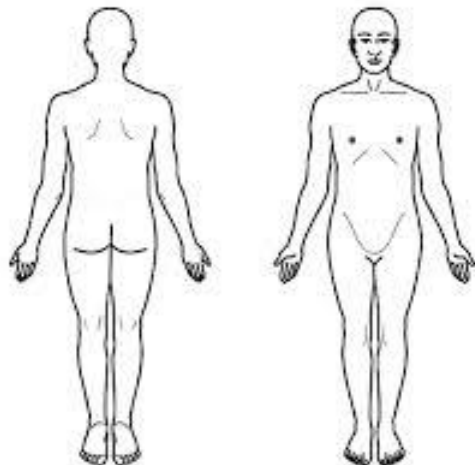
If 'yes' specify.....

.....

.....

.....

.....



Shade any areas of sensory loss on this diagram

Was there any arm/leg weakness / altered sensation?

- Yes
- No

If 'yes' specify.....

.....

.....

.....

.....

Was coordination/balance normal?