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

Continued over………….  

24hr emergency helpline 01752 209 999
At sea call the Coastguard on Channel 16
6. Arms
   □ a. Sensation: Test several points on both arms and shoulders
   □ b. Movements: 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: Test several points on both legs
   □ b. Movements: 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.................................................................
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Was there any arm/leg weakness / altered sensation?
   □ Yes
   □ No
   If ‘yes’ specify.................................................................
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Was coordination/balance normal?

Shade any areas of sensory loss on this diagram