

## 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

- |                                     |                                       |
|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> a. Person: | Diver can tell you their name and DOB |
| <input type="checkbox"/> b. Place:  | Diver states where they are           |
| <input type="checkbox"/> c. Time:   | To the nearest hour                   |

#### 2. Eyes

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

#### 3. Ears

- |                                      |   |
|--------------------------------------|---|
| <input type="checkbox"/> a. Hearing: | Rub your thumb and finger together 10cm from diver's ear, check they can hear each side |
|--------------------------------------|---|

#### 4. Face

- |  |  |
|--|--|
| <input type="checkbox"/> a. Sensation: | Test several points on both sides of the face  |
| <input type="checkbox"/> b. Movements: | Get diver to do the following in turn: <ul style="list-style-type: none"><li>• raise eyebrows</li><li>• screw up eyes tightly</li><li>• show teeth</li></ul> |

#### 5. Mouth

- |  |   |
|--|---|
| <input type="checkbox"/> a. Movements: | Get diver to: <ul style="list-style-type: none"><li>• stick out tongue (tongue should be central)</li><li>• swallow a sip of water? <u>If they choke keep them nil by mouth</u></li></ul> |
|--|---|

**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

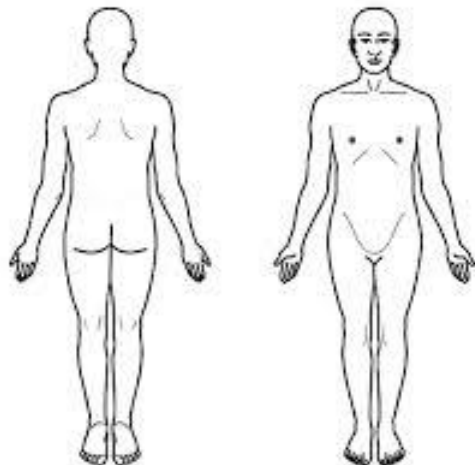
If 'yes' specify.....

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Shade any areas of sensory loss on this diagram

Was there any arm/leg weakness / altered sensation?

- Yes
- No

If 'yes' specify.....

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Was coordination/balance normal?