

# Neck and Upper Extremity Examination

Patient's Name: \_\_\_\_\_ Date: \_\_\_\_\_

## Physical Examination:

General physical examination showed \_\_\_\_\_ year old, well / poorly / under / over / normally developed, Caucasian / Hispanic / Asian / African American / other \_\_\_\_\_, male / female / adult / teenager / child in no / mild / moderate / severe distress.

Body Shape: well proportioned / thin / slender / husky / overweight.  
Posture: good / fair / poor / stooped / antalgic / forward head.  
Gait: normal / guarded / limped / irregular / needs assistance to walk / unable to walk.  
Movements: normal / restrictive / stiff / slow / guarded with or without great / some / no difficulty.

The patient was alert / drowsy / oriented / disoriented to time, place, person and situation.

## General Data:

Weight: \_\_\_\_\_ Height: \_\_\_\_\_ Temp: \_\_\_\_\_  
Pulse Rate: \_\_\_\_\_ Respiration: \_\_\_\_\_ Right handed / Left handed  
Blood Pressure: Left arm: \_\_\_\_\_ Right arm: \_\_\_\_\_

## Temporomandibular Joint Disorders:

Prior to this accident:		After this accident:
_____	Difficulty opening the mouth?	_____
_____	Audible noises from the jaw joints?	_____
_____	Does the jaw get "stuck" or "locked"?	_____
_____	Pain about the ears or cheeks?	_____
_____	Pain chewing / yawning or wide opening?	_____
_____	Does the bite feel uncomfortable or unusual?	_____
_____	History of loose teeth?	_____

Facial symmetry? \_\_\_\_\_ Jaw movements? \_\_\_\_\_  
Lateral deviation of the jaw? \_\_\_\_\_ Crepitus? \_\_\_\_\_  
Palpatory tenderness? \_\_\_\_\_ Clicking? \_\_\_\_\_  
Other: \_\_\_\_\_

Cranial nerve examination: \_\_\_\_\_

## Inspection / Palpation / Percussion

### Inspection:

Scars, lacerations, hematoma or ecchymosis? \_\_\_\_\_

### Palpation:

Tenderness: (+1:Patient states that the area is mildly tender - annoying;+2:Patient states that the area is moderately tender; +3:Patient complains of considerable tenderness and withdraws momentarily in response to the test pressure; +4:Patient complains of severe tenderness, and withdraws immediately in response to test pressure, and is unable to bear sustained pressure.)

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Date: \_\_\_\_\_

**Muscle Tone:** (Normal:0; +1:Sustained muscle contraction with mild resistance to passive motion in any direction; +2:Sustained muscle contractions with moderate resistance to passive motion in any direction with some restriction in motion; +3:Muscle rigidity with complete resistance to passive motion in some direction; +4: Spasm triggered by/with movement or external irritation, e.g., probing on movement triggers a muscle contraction; +5: Exists in/with absence of movement or external irritation, e.g., muscle contracture; observable and often causes antalgic posture or listing.)

**Trigger/Myofascial Points:** (Active, Latent, Satellite and location)

**Vertebral percussion of the spine:** \_\_\_\_\_

**Cervical Ranges of Motions: (with location of pain)**

	Active/Passive ROM	Active/Passive Pain	
Flexion (0-45)	Range _____/_____	_____/_____	pain w/resist _____
Extension (0-45)	Range _____/_____	_____/_____	pain w/resist _____
R. Lateral Flexion (0-45)	Range _____/_____	_____/_____	pain w/resist _____
L. Lateral Flexion (0-45)	Range _____/_____	_____/_____	pain w/resist _____
R. Rotation (0-80)	Range _____/_____	_____/_____	pain w/resist _____
L. Rotation (0-80)	Range _____/_____	_____/_____	pain w/resist _____

**Upper Extremity – Range of Motion / Muscle Strength**

	Active ROM		Passive ROM		Strength	
	Left	Right	Left	Right	Left	Right
<b>Shoulder:</b>						
Flexion (C5) (0-170)	_____	_____	_____	_____	_____	_____
Extension (C5) (0-30)	_____	_____	_____	_____	_____	_____
Abduction (C5) (0-170)	_____	_____	_____	_____	_____	_____
Adduction (C6, C7)	_____	_____	_____	_____	_____	_____
Int. Rotation (C5) (0-60)	_____	_____	_____	_____	_____	_____
Ext. Rotation (C5) (0-80)	_____	_____	_____	_____	_____	_____
Shoulder Shrug (CN XI)	_____	_____	_____	_____	_____	_____
<b>Elbow:</b>						
Flexion (C5, C6) (0-135)	_____	_____	_____	_____	_____	_____
Extension (C6, C7) (0-180)	_____	_____	_____	_____	_____	_____
<b>Forearm:</b>						
Pronation (0-75)	_____	_____	_____	_____	_____	_____
Supination (0-85)	_____	_____	_____	_____	_____	_____
<b>Wrist:</b>						
Flexion (C7) (0-70)	_____	_____	_____	_____	_____	_____
Extension (C6) (0-65)	_____	_____	_____	_____	_____	_____
Ulnar Dev. (0-40)	_____	_____	_____	_____	_____	_____
Radial Dev. (0-20)	_____	_____	_____	_____	_____	_____
<b>MCP Joints:</b>						
Flexion (C8)	_____	_____	_____	_____	_____	_____
Extension (C6)	_____	_____	_____	_____	_____	_____
Abduction (T1)	_____	_____	_____	_____	_____	_____
Adduction (T1)	_____	_____	_____	_____	_____	_____
<b>Fingers:</b>						
Flexion (C8)	_____	_____	_____	_____	_____	_____
Extension (C7)	_____	_____	_____	_____	_____	_____

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**Grip Strength / Hand Dynamometer**      The patient is right / left handed.

Right            \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ PSI

Left             \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ PSI

**Sensation: (dermatomes)**

Touch \_\_\_\_\_

Pinprick \_\_\_\_\_

Temperature \_\_\_\_\_

Vibration \_\_\_\_\_

Light Touch \_\_\_\_\_

**Reflexes**      (0:No response; 1+:Hyporeflexia; 2+: Normal; 3+: Hyperreflexia; 4+: Hyperreflexia with transient clonus; 5+: Hyperreflexia with intermittent or sustained clonus)

Biceps            Right \_\_\_\_\_      Left \_\_\_\_\_

Triceps           Right \_\_\_\_\_      Left \_\_\_\_\_

Brachioradialis    Right \_\_\_\_\_      Left \_\_\_\_\_

**Coordination:** Finger to nose \_\_\_\_\_

**Muscle Atrophy / Girth:**

Upper arm            R \_\_\_\_\_ L \_\_\_\_\_ Distance from olecranon \_\_\_\_\_ in/cm

Forearm             R \_\_\_\_\_ L \_\_\_\_\_ Distance from lateral epicondyle \_\_\_\_\_ in/cm

Hand

Hypothenar    Right \_\_\_\_\_      Left \_\_\_\_\_

Thenar            Right \_\_\_\_\_      Left \_\_\_\_\_

Intrinsics        Right \_\_\_\_\_      Left \_\_\_\_\_

**Orthopedic / Neurological:**

**Horner's Syndrome:** \_\_\_\_\_      **Orthostatic Hypotension:** \_\_\_\_\_

**Cervical**

**Spurling's Test:** \_\_\_\_\_      **Neck Traction Test:** \_\_\_\_\_

**Maximum Foraminal Compression Test:** \_\_\_\_\_      **DeKleyn's Test:** \_\_\_\_\_

**Bruit in Brachial Plexus Area:** Right \_\_\_\_\_ Left \_\_\_\_\_

**Compression of Brachial Plexus Reproduces Symptoms:** Right \_\_\_\_\_ Left \_\_\_\_\_

**Shoulder**

**Impingement Sign:** Right \_\_\_\_\_ Left \_\_\_\_\_      **Duga's Test:** Right \_\_\_\_\_ Left \_\_\_\_\_

**Adson's Test:** Right \_\_\_\_\_ Left \_\_\_\_\_      **Wright's Test:** Right \_\_\_\_\_ Left \_\_\_\_\_

**Codman's Test Drop arm test for rotator cuff tear:** Right \_\_\_\_\_ Left \_\_\_\_\_

**Apprehension Test:** Right \_\_\_\_\_ Left \_\_\_\_\_      **Appley's Test:** Right \_\_\_\_\_ Left \_\_\_\_\_

**Yergason's Test:** Right \_\_\_\_\_ Left \_\_\_\_\_      **Rotator Cuff Tendonitis:** Right \_\_\_\_\_ Left \_\_\_\_\_

**Subdeltoid Crepitus:** Right \_\_\_\_\_ Left \_\_\_\_\_

**Shoulder Compression Test:** Right \_\_\_\_\_ Left \_\_\_\_\_

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**Elbow**

**Tinel's Sign:** (ulnar nerve at elbow) Right \_\_\_\_\_ Left \_\_\_\_\_

**Instability Test:** Right \_\_\_\_\_ Left \_\_\_\_\_

**Cozen's Test:** Right \_\_\_\_\_ Left \_\_\_\_\_

**Golfer's Elbow:** Right \_\_\_\_\_ Left \_\_\_\_\_

**Epicondyle palpation:** Medial Right \_\_\_\_\_ Left \_\_\_\_\_  
 Lateral Right \_\_\_\_\_ Left \_\_\_\_\_

**Hand/Wrist**

**Finkelstein's Test:** Right \_\_\_\_\_ Left \_\_\_\_\_

**Allen's Test:** Right \_\_\_\_\_ Left \_\_\_\_\_

**Tinel's Sign:** (ulnar nerve at wrist) Right \_\_\_\_\_ Left \_\_\_\_\_

**Phalen's Test:** Right \_\_\_\_\_ Left \_\_\_\_\_

Root	Disc	Muscles	Reflex	Sensation
C5	C4-C5	Deltoid Biceps	Biceps	Lateral arm Axillary nerve
C6	C5-C6	Biceps Wrist extensors	Brachioradialis	Lateral forearm Musculocutaneous nerve
C7	C6-C7	Triceps Wrist flexors Finger extensors	Triceps	Middle finger
C8	C7-T1	Hand intrinsics Finger flexors		Medial forearm Medial antibrachial branch of the cutaneous nerve
T1	T1-T2	Hand intrinsics		Medial arm Medial brachial cutaneous nerve