

# Neurological Assessment Tools

<b>Glasgow Coma Scale</b>			
Eye Opening	Verbal Response	Motor Response	Score
		Obeys	6
	Oriented	Localizes	5
Spontaneously	Confused	Withdraws	4
To voice	Inappropriate	Abnormal Flexion	3
To pain	Incomprehensible	Abnormal Extension	2
No eye opening	No vocalization	No Movement	1
___/4	___/5	___/6	___/15

<b>Motor Scoring Scale</b>	
5	Able to overcome strong resistance (normal strength)
4	Able to overcome mild resistance (mild weakness)
3	Supports limb against gravity but not resistance
2	Moves but not against gravity
1	Muscle flicker but no movement
0	No muscle movement
___/5	<b>Score</b>

## Deep Tendon Reflexes

- Motor weakness associated with increased tone and deep tendon reflexes (3 or 4+), and/or with clonus suggest an upper motor neuron cause for the weakness.
- Motor weakness associated with flaccid paralysis and decreased deep tendon reflexes (< 2+) suggest lower motor neuron cause for the weakness.



Biceps Brachii Tendon  
C5, c6



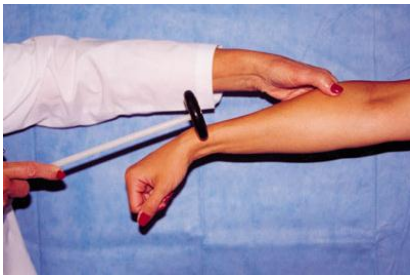
Plantar Reflex (Babinski)



Triceps Tendon  
C7, c6



Clonus: Oscillations between flexion and extension



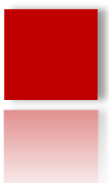
Brachioradialis Tendon  
C6, c5



Quadriceps Tendon (knee jerk)  
L4, L3, L2



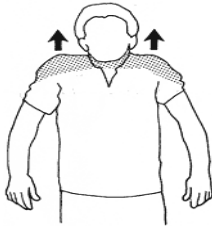
Achilles Tendon (ankle jerk)  
S1



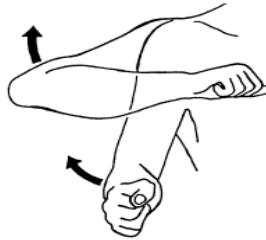
# Motor Assessment/Spinal Cord Testing

## Level of Function:

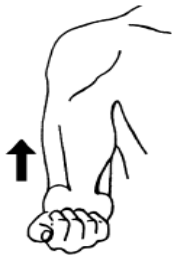
C4: Shrug shoulder



C4, C5: Abduct shoulder



C5: Bend elbow



C6, C7: Extend wrist



C7: Straighten elbow



C7, C8: Bend wrist toward palm



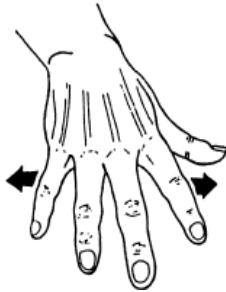
# Motor Assessment/Spinal Cord Testing

## Level of Function:

C8: Bend fingers toward palm at first digit joint



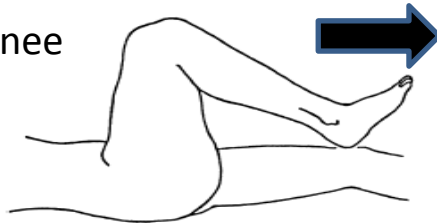
T1: Spread fingers apart



L2, L3: Bend hip



L3, L4: Straighten knee



L4, L5: Dorsiflexion (pull toes toward nose)

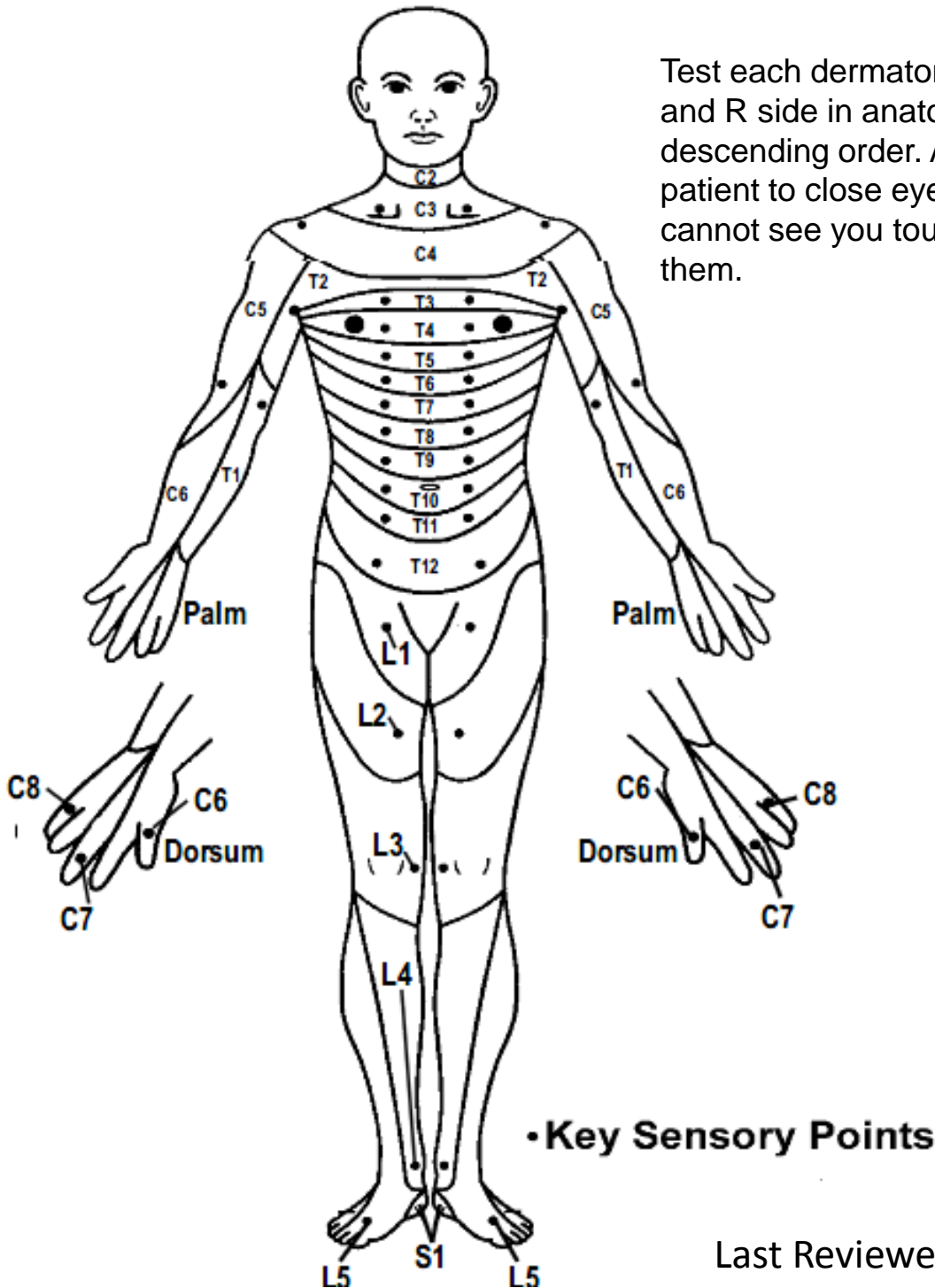


S1, S2: Plantar flexion (point toes downward)



# Sensory Assessment/Spinal Cord Testing

Test sensation twice, once for pin and once for light touch . Use a whisp of tissue for light touch and blunt end needle for pain/pin.  
Record the highest level of sensation using the dermatome chart below.



Test each dermatome on L and R side in anatomical descending order. Ask patient to close eyes so they cannot see you touching them.