

---

---

## Personal History – Neuropsych History & Exam

Date \_\_\_\_\_  
Name \_\_\_\_\_  
Social Security # \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_  
Place of Birth \_\_\_\_\_ Physician Name \_\_\_\_\_

### Military history:

Were you in the military? Yes No If Yes, what branch? \_\_\_\_\_  
Discharge rank \_\_\_\_\_ Type of Discharge \_\_\_\_\_  
Military Duties \_\_\_\_\_  
Were you injured in the military: Yes No If Yes, when? \_\_\_\_\_

Primary Language \_\_\_\_\_  
Second Language \_\_\_\_\_  
Ethnic Background Caucasian African-American Hispanic Asian Native American Mid East  
Marital Status Single Married Divorced Widow(er) Significant Other

Do you wear glasses? Yes No For Reading Have with you?  
Have trouble hearing? Yes No Wear Aides?  
Are you color blind? Yes No  
Handedness? Right Left Both

### Family of Origin

Are your parents married now? No Yes Divorced Remarried  
Is your mother alive? Yes No Age \_\_\_\_\_ Cause of death \_\_\_\_\_  
Is your father alive? Yes No Age \_\_\_\_\_ Cause of death \_\_\_\_\_  
Mother's occupation \_\_\_\_\_ Never worked  
Father's occupation \_\_\_\_\_ Never worked  
Number of your brothers/sisters \_\_\_\_\_

### Marital History and Living Situation

Are you currently? Single Married Living with someone Divorced  
Where do you live? House Apartment Trailer Other  
How many times have you been married? \_\_\_\_\_  
How long married now? \_\_\_\_\_  
How many times have you been divorced? \_\_\_\_\_

**Names/Ages of children**

---

---

---

---

**Educational History**

Circle highest grade completed: Below 6 6-8 9-11 GED 12/High School  
Community College College 1 – 2 – 3 -- 4 Grad School

Were you ever in: Special Ed LD Classes Suspended None of the above

What grades did you repeat? None List: \_\_\_\_\_

What was your best subject in school: None Math English Social Science Science

What was your grade point average in:

High School: GPA = \_\_\_\_\_ A B C D F Don't Know

College: GPA = \_\_\_\_\_ Guess –not sure Don't Know

Major \_\_\_\_\_

Were you diagnosed with? Learning Disability Attention Deficit (ADD/ADHD)

**Employment History**

Are you employed now? No Yes Disabled

If unemployed now: Since what date? \_\_\_\_\_

Please list jobs from most recent to the first one held:

<u>Co-worked for</u>	<u>Position</u>	<u>Date Started</u>	<u>Date Ended</u>	<u>Fired?</u>
_____	_____	_____	_____	No Yes
_____	_____	_____	_____	No Yes
_____	_____	_____	_____	No Yes
_____	_____	_____	_____	No Yes
_____	_____	_____	_____	No Yes

**Substance use history (circle if currently using)**

Alcohol Amphetamines (ecstasy, speed cryst) Marijuana Cocaine (crack, rock)  
Hallucinogens: (LSD, Mushrooms) Inhalants (glue, gasoline, paint, solvent) Opiates PCP Angel Dust  
Sedatives Barbituates Stimulants (Ritalin, Cylert, Dex)

Have you ever been in trouble for substance abuse? Never DUI Rehab Jail

**Psychiatric History**

Have you ever seen a counselor or therapist?                      No      Not Sure      Yes

    Or psychologist/psychiatrist?                                      No      Not Sure      Yes

Have you been in a psychiatric hospital?                      No      Not Sure      Yes

If Yes, please list reason, place and length of treatment:

---

Have you ever attempted suicide?                                      No      Yes

Have you ever thought about suicide?                                      No      Yes

Have you ever taken antipsychotic medication?                                      No      Yes

**Leisure Activities**

What do you do for recreation? **Please circle all that apply**

Yard work      sewing      crafts      carpentry      photography      painting      hunting      fishing

Running      golfing      tennis      swimming      attend sporting events      concerts

bowling      nothing      other: \_\_\_\_\_

Do you exercise?      Yes      No

    If Yes:      How? \_\_\_\_\_

Do you read for pleasure?      Yes      No

    If Yes:      Type of books: \_\_\_\_\_

Do you watch TV?      Yes      No

Do you go to movies?      Yes      No

Do you have any problems doing any of the above activities?      Yes      No

    If Yes, explain: \_\_\_\_\_

What are your future plans?

    Education related: \_\_\_\_\_

    Work related: \_\_\_\_\_

Do you attend Church?      Yes      No

    If yes, do you attend?      Regularly      Sometimes

Do you drive?      Yes      No

Do you cook for yourself?      Yes      No

Do you clean your house?      Yes      No      If not, who does? \_\_\_\_\_

Do you know how to use a computer?      Yes      No

    How much time per day are you on the computer? \_\_\_\_\_

**Past Medical History:** (Circle any of the medical problems that apply to you)

Neurological Symptoms

Seizures  
Meningitis  
Encephalitis  
Dizziness  
Double Vision  
Hearing loss  
Tinnitus (left, both, right)  
Loss of sense of smell/taste  
Migraine Headaches  
Tension Headaches  
Stroke  
Head Injury

Poisoning

Carbon monoxide  
Lead  
Solvents  
Pesticides  
Other \_\_\_\_\_

Chronic Illness

Diabetes  
Glaucoma  
Hypertension  
Gout  
Other \_\_\_\_\_

Psychiatric History

Depression  
Anxiety  
Schizophrenia  
Bi-Polar  
Panic disorder  
Eating Disorder  
Other \_\_\_\_\_

	<u>Yes</u>	<u>No</u>	<u>Date of onset</u>	<u>Description of problem</u>
<b>ALLERGIES</b>				
Any history of allergies?				
Are you allergic to any medication?				
<b>PULMONARY</b>				
Any history of pulmonary problems?				
Pneumothorax				
Smoker				
COPD				
Asthma				
<b>EARS, NOSE, AND SINUSES</b>				
Any history of ear, nose, or sinus problems?				
Ear infections				
Hearing difficulty				Left___ Right___
Problems flying				
Ear surgery				
Myringotomy				
Nasal problems				
Nasal obstruction				
On antihistamines				
Septal problems				
Rhinitis				
Sinusitis				
Seasonal allergies				
Sinus infections				
<b>CARDIAC</b>				
Any history of cardiac problems?				
Pacemaker				
Heart attack				
Congestive heart failure				
Hypertension				
<b>NEUROLOGICAL</b>				
Any history of neurological problems?				
Brain injury				
Stroke				
Anoxia				
Optic neuritis				
Seizure disorder				
Other				
<b>DIABETES</b>				
Are you a diabetic?				
Medication/Insulin				
Blood sugar range				Range:
Frequency of sugar monitoring				Frequency:
Insulin reaction				Symptoms:
				Treatment:

	<u>Yes</u>	<u>No</u>	<u>Date of onset</u>	<u>Description of problem</u>
<b>G.I./G.U.</b>				
Any history of G.I or G.U. problems?				
Frequent diarrhea				
Gas				
Incontinent stool				
Incontinent urine				
Constipation				
Ostomy				
<b>EYES</b>				
Any history of eye problems?				
Cataracts				
Surgery				
Retinopathy				
Last eye exam				
Glasses				
Contacts				
<b>PROSTHETICS</b>				
Do you wear any prosthetic device?				Type:
Dentures				Upper__ Lower__ Partial__ Bridge__
Hearing aide				Left__ Right__
Breast implants				Type:
<b>ADDITIONAL</b>				
Have you ever been hit on the head or face?				
Have you ever had whiplash or a neck injury?				
Have you ever had a concussion?				
Have you ever been knocked unconscious?				
Are you pregnant?				
Are you claustrophobic?				
How do you best learn?				Reading __ Visual __ Verbal __
Are you on a nutritional program?				

**COMMENTS (brief history):**

---



---



---



---

**MEDICATIONS:**

---



---

# NEURO EXAM

BP: \_\_\_\_\_ Pulse: \_\_\_\_\_ Resp: \_\_\_\_\_

General Exam (list significant findings): (provide space for free text)

## Neurological:

**Romberg** (select normal or abnormal) comment:

---

---

**Tandem gait** (select normal or abnormal) comment:

---

---

**Cranial Nerves:** (select radio button for normal or abnormal with default normal, then select <<better, no change, worse>>

	better	no change	worse
Olfactory			
Optic			
Oculomotor			
Trochlear			
Trigeminal			
Abducens			
Facial			
Vestibulocochlear			
Glossopharyngeal			
Vagus			
Accessory			
Hypoglossal			

Motor Function:

asymmetry in strength                      yes or no

comment

---

---

asymmetry in tone                      yes or no

comment

---

---

spasm                                      yes or no

comment

---

---



## PHYSICIAN-OBTAINED SYMPTOM LIST

Have the patients PRIORITIZE their problems as a result of their diagnoses for 1 or as many as they want to list. This becomes the basis for assessing improvement after HBOT.

a) Symptom \_\_\_\_\_

status: much worse, worse, no change, better, much better

b) Symptom \_\_\_\_\_

status: much worse, worse, no change, better, much better

c)

d)

e)

f)

Neurological Review of Symptoms:

Constitutional:

energy level (score 1-10 where 10 is energy level before TBI, 0 is can't get out of bed)

Sleep disturbance: (select with radio button and provide a text field to enter any detail)

# hours/nite (number) comment: \_\_\_\_\_

trouble falling asleep \_\_\_\_\_

early awakening \_\_\_\_\_

Mood swings: list average mood scale on a daily basis: 10 is best have felt in life, 0 is not wanting to live

Cranial nerve symptoms: (select and then score 1-10 where 10 is so bad can't live with it)

headache

dizziness

nausea

blurry vision

double vision

light sensitivity

other vision disturbance

loss of hearing

tinnitus

vertigo

change in smell

change in taste

trouble enunciating

trouble chewing

trouble swallowing

Sensory:

numbness \_\_\_\_\_

tingling \_\_\_\_\_

Motor:

weakness in one limb

weakness one side or generalized

Cerebellar:

fine motor (using hands) \_\_\_\_\_

gross motor (tripping, stumbling, imbalance) \_\_\_\_\_

Cognitive:

trouble thinking,

trouble organizing thoughts,

decreased speed of thinking,

confusion,

problems following directions,

difficulty expressing thoughts,

word-finding problems,

misplacing/losing things,

problems remembering new information,

problems remembering old information,

losing one's place in thought or conversation,

losing one's place while driving,

staring episodes,

feeling lost or suddenly disoriented,

problems with concentration/attention,

change in personality or behavior noticed by family or friends.

Loss of control of bowels or bladder (yes/no) comment: \_\_\_\_\_

Painful or swollen joints (yes/no) comment: \_\_\_\_\_

# NBIRR Neurological Exam

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

For coordination and cranial nerves  
enter score as

N (normal),  
A (abnormal - first time tested or the same as before),  
AI (abnormal but improved from first exam), or  
AW (abnormal and worse from first exam)

## COORDINATION

Walk: \_\_\_\_\_  
Heel-to-Toe: \_\_\_\_\_  
Romberg: \_\_\_\_\_  
Finger-to-Nose: \_\_\_\_\_  
Heel Shin Slide: \_\_\_\_\_  
Rapid Movement: \_\_\_\_\_

## CRANIAL NERVES

Sense of Smell (I): \_\_\_\_\_  
Vision/Visual Fld (II): \_\_\_\_\_  
Eye Movements, Pupils (III, IV, VI): \_\_\_\_\_  
Facial Sensation, Chewing (V): \_\_\_\_\_  
Facial Expression Muscles (VII): \_\_\_\_\_  
Hearing (VIII): \_\_\_\_\_  
Upper Mouth, Throat Sensation (IX): \_\_\_\_\_  
Gag & Voice (X): \_\_\_\_\_  
Shoulder Shrug (XI): \_\_\_\_\_  
Tongue (XII): \_\_\_\_\_

## REFLEXES

(Grade: Normal, Hypoactive, Hyperactive, Absent)

Biceps L \_\_\_\_\_ R \_\_\_\_\_  
Triceps L \_\_\_\_\_ R \_\_\_\_\_  
Knees L \_\_\_\_\_ R \_\_\_\_\_  
Ankles L \_\_\_\_\_ R \_\_\_\_\_

**Ankles**  
Dorsiflexion L \_\_\_\_\_ R \_\_\_\_\_  
Plantarflexion L \_\_\_\_\_ R \_\_\_\_\_

**Toes** L \_\_\_\_\_ R \_\_\_\_\_

## STRENGTH (Grade 0 to 5)

### Upper Body

Deltoids L \_\_\_\_\_ R \_\_\_\_\_  
Latissimus L \_\_\_\_\_ R \_\_\_\_\_  
Biceps L \_\_\_\_\_ R \_\_\_\_\_  
Triceps L \_\_\_\_\_ R \_\_\_\_\_  
Forearms L \_\_\_\_\_ R \_\_\_\_\_  
Hands L \_\_\_\_\_ R \_\_\_\_\_

### Lower Body

#### Hips

Flexion L \_\_\_\_\_ R \_\_\_\_\_  
Extension L \_\_\_\_\_ R \_\_\_\_\_  
Abduction L \_\_\_\_\_ R \_\_\_\_\_  
Adduction L \_\_\_\_\_ R \_\_\_\_\_

#### Knees

Flexion L \_\_\_\_\_ R \_\_\_\_\_  
Extension L \_\_\_\_\_ R \_\_\_\_\_

Comments:

**Page Intentionally Left Blank**

## Instructions for performing parts of the Neurological Exam as used in NBIRR

(Extracted from APPENDIX 5A — Neurological Examination 5A-5 Navy Dive manual)

**Coordination (Cerebellar/Inner Ear Function).** A good indicator of muscle strength and general coordination is to observe how the patient walks. A normal gait indicates that many muscle groups and general brain functions are normal. More thorough examination involves testing that concentrates on the brain and inner ear. In conducting these tests, both sides of the body shall be tested and the results shall be compared. These tests include:

**1. Heel-to-Toe Test.** The tandem walk is the standard “drunk driver” test. While looking straight ahead, the patient must walk a straight line, placing the heel of one foot directly in front of the toes of the opposite foot. Signs to look for and consider deficits include:

- a. Does the patient limp?
- b. Does the patient stagger or fall to one side?

**2. Romberg Test.** With eyes closed, the patient stands with feet together and arms extended to the front, palms up with eyes closed. Note whether the patient can maintain his balance or if he immediately falls to one side. Some examiners recommend giving the patient a small shove from either side with the fingertips (provoked Romberg).

**3. Finger-to-Nose Test.** The patient stands with eyes closed and head back, arms extended to the side. Bending the arm at the elbow, the patient touches his nose with an extended forefinger, alternating arms. An extension of this test is to have the patient, with eyes open, alternately touch his nose with his fingertip and then touch the fingertip of the examiner. The examiner will change the position of his fingertip each time the patient touches his nose. In this version, speed is not important, but accuracy is.

**4. Heel-Shin Slide Test.** While standing, the patient touches the heel of one foot to the knee of the opposite leg, foot pointing forward. While maintaining this contact, he runs his heel down the shin to the ankle. Each leg should be tested.

**5. Rapid Alternating Movement Test.** The patient slaps one hand on the palm of the other, alternating palm up and then palm down. Any exercise requiring rapidly changing movement, however, will suffice. Again, both sides should be tested.

**5A-3.3 Cranial Nerves.** The cranial nerves are the 12 pairs of nerves emerging from the cranial cavity through various openings in the skull. Beginning with the most anterior (front) on the brain stem, they are appointed Roman numerals. An isolated cranial nerve lesion is an unusual finding in decompression sickness or gas embolism, but deficits occasionally occur and you should test for abnormalities. The cranial nerves must be quickly assessed as follows:

**I. Olfactory.** The olfactory nerve, which provides our sense of smell, is usually not tested.

**II. Optic.** The optic nerve is for vision. It functions in the recognition of light and shade and in the perception of objects. This test should be completed one eye at a time to determine whether the patient can read. Ask the patient if he has any blurring of vision, loss of vision, spots in the visual field, or peripheral vision loss (tunnel vision). More detailed testing can be done by standing in front of the patient and asking him to cover one eye and look straight at you.

In a plane midway between yourself and the patient, slowly bring your fingertip in turn from above, below, to the right, and to the left of the direction of gaze until the patient can see it. Compare this with the earliest that you can see it with the equivalent eye. If a deficit is present, roughly map out the positions of the blind spots by passing the finger tip across the visual field.

**III. Oculomotor, (IV.) Trochlear, (VI.) Abducens.** These three nerves control eye movements. All three nerves can be tested by having the patient's eyes follow the examiner's finger in all four directions (quadrants) and then in towards the tip of the nose (giving a "crossed-eyed" look). The oculomotor nerve can be further tested by shining a light into one eye at a time. In a normal response, the pupils of both eyes will constrict.

**V. Trigeminal.** The Trigeminal Nerve governs sensation of the forehead and face and the clenching of the jaw. It also supplies the muscle of the ear (tensor tympani) necessary for normal hearing. Sensation is tested by lightly stroking the forehead, face, and jaw on each side with a finger or wisp of cotton wool.

**VII. Facial.** The Facial Nerve controls the face muscles. It stimulates the scalp, forehead, eyelids, muscles of facial expression, cheeks, and jaw. It is tested by having the patient smile, show his teeth, whistle, wrinkle his forehead, and close his eyes tightly. The two sides should perform symmetrically. Symmetry of the nasolabial folds (lines from nose to outside corners of the mouth) should be observed.

**VIII. Acoustic.** The Acoustic Nerve controls hearing and balance. Test this nerve by whispering to the patient, rubbing your fingers together next to the patient's ears, or putting a tuning fork near the patient's ears. Compare this against the other ear.

**IX. Glossopharyngeal.** The Glossopharyngeal Nerves transmit sensation from the upper mouth and throat area. It supplies the sensory component of the gag reflex and constriction of the pharyngeal wall when saying "aah." Test this nerve by touching the back of the patient's throat with a tongue depressor. This should cause a gagging response. This nerve is normally not tested.

**X. Vagus.** The Vagus Nerve has many functions, including control of the roof of the mouth and vocal cords. The examiner can test this nerve by having the patient say "aah" while watching for the palate to rise. Note the tone of the voice; hoarseness may also indicate vagus nerve involvement.

**XI. Spinal Accessory.** The Spinal Accessory Nerve controls the turning of the head from side to side and shoulder shrug against resistance. Test this nerve by having the patient turn his head from side to side. Resistance is provided by placing one hand against the side of the patient's head. The examiner should note that an injury to the nerve on one side will cause an inability to turn the head to the opposite side or weakness/absence of the shoulder shrug on the affected side.

**XII. Hypoglossal.** The Hypoglossal Nerve governs the muscle activity of the tongue. An injury to one of the hypoglossal nerves causes the tongue to twist to that side when stuck out of the mouth.

**Motor – optional as these are usually associated with spinal cord injury. If a patient documents motor problems or if the examiner suspects motor problems these should be tested)**

**Extremity Strength.** Extremity strength testing is divided into two parts: upper body and lower body. All muscle groups should be tested and compared with the corresponding group on the other side, as well as with the examiner. Table 5A-1 describes the extremity strength tests in more detail. Muscle strength is graded (0-5) as follows:

- (0) Paralysis.** No motion possible.
- (1) Profound Weakness.** Flicker or trace of muscle contraction.
- (2) Severe Weakness.** Able to contract muscle but cannot move joint against gravity.
- (3) Moderate Weakness.** Able to overcome the force of gravity but not the resistance of the examiner.
- (4) Mild Weakness.** Able to resist slight force of examiner.
- (5) Normal.** Equal strength bilaterally (both sides) and able to resist examiner.

**Upper Extremities.** These muscles are tested with resistance provided by the examiner. The patient should overcome force applied by the examiner that is tailored to the patient's strength. Table 5A-1 describes the extremity strength tests.

The six muscle groups tested in the upper extremity are:

1. Deltoids.
2. Latissimus.
3. Biceps.
4. Triceps.
5. Forearm muscles.
6. Hand muscles.

**5A-3.4.1.2 Lower Extremities.** The lower extremity strength is assessed by watching the patient walk on his heels for a short distance and then on his toes. The patient should then walk while squatting ("duck walk"). These tests adequately assess lower extremity strength, as well as balance and coordination. If a more detailed examination of the lower extremity strength is desired, testing should be accomplished at each joint as in the upper arm.

**5A-3.4.2 Muscle Size.** Muscles are visually inspected and felt, while at rest, for size and consistency. Look for symmetry of posture and of muscle contours and outlines. Examine for fine muscle twitching.

**5A-3.4.3 Muscle Tone.** Feel the muscles at rest and the resistance to passive movement. Look and feel for abnormalities in tone such as spasticity, rigidity, or no tone.

**5A-3.4.4 Involuntary Movements.** Inspection may reveal slow, irregular, and jerky movements, rapid contractions, tics, or tremors.

**Sensory Function.** (may indicate spinal cord dysfunction)

## **Extremity Strength Tests.**

### **Test Procedure**

**Deltoid Muscles** The patient raises his arm to the side at the shoulder joint. The examiner places a hand on the patient's wrist and exerts a downward force that the patient resists.

**Latissimus Group** The patient raises his arm to the side. The examiner places a hand on the underside of the patient's wrist and resists the patient's attempt to lower his arm.

**Biceps** The patient bends his arm at the elbow, toward his chest. The examiner then grasps the patient's wrist and exerts a force to straighten the patient's arm.

**Triceps** The patient bends his arm at the elbow, toward his chest. The examiner then places his hand on the patient's forearm and the patient tries to straighten his arm.

**Forearm Muscles** The patient makes a fist. The examiner grips the patient's fist and resists while the patient tries to bend his wrist upward and downward.

**Hand Muscles** • The patient strongly grips the examiner's extended fingers.

• The patient extends his hand with the fingers widespread. The examiner grips two of the extended fingers with two of his own fingers and tries to squeeze the patient's two fingers together, noting the patient's strength of resistance.

**Lower Extremity Strength** • The patient walks on his heels for a short distance. The patient then turns around and walks back on his toes.

- The patient walks while squatting (duck walk).

**In the following tests, the patient sits on a solid surface such as a desk, with feet off the floor.**

**Hip Flexion** The examiner places his hand on the patient's thigh to resist as the patient tries to raise his thigh.

**Hip Extension** The examiner places his hand on the underside of the patient's thigh to resist as the patient tries to lower his thigh.

**Hip Abduction** The patient sits as above, with knees together. The examiner places a hand on the outside of each of the patient's knees to provide resistance. The patient tries to open his knees.

**Hip Adduction** The patient sits as above, with knees apart. The examiner places a hand on the inside of each of the patient's knees to provide resistance. The patient tries to bring his knees together.

**Knee Extension** The examiner places a hand on the patient's shin to resist as the patient tries to straighten his leg.

**Knee Flexion** The examiner places a hand on the back of the patient's lower leg to resist as the patient tries to pull his lower leg to the rear by flexing his knee.

**Ankle Dorsiflexion** (ability to flex the foot toward the rear)

The examiner places a hand on top of the patient's foot to resist as the patient tries to raise his foot by flexing it at the ankle.

**Ankle Plantarflexion** (ability to flex the foot downward)

The examiner places a hand on the bottom of the patient's foot to resist as the patient tries to lower his foot by flexing it at the ankle.

**Toes** The patient stands on tiptoes for 15 seconds

The patient flexes his toes with resistance provided by the examiner.

**Sensory Examination.** An examination of the patient's sensory faculties should be performed. Figure 5A-2a shows the dermatomal (sensory) areas of skin sensations that correlate with each spinal cord segment. Note that the dermatomal areas of the trunk run in a circular pattern around the trunk. The dermatomal areas in the arms and legs run in a more lengthwise pattern. In a complete examination, each spinal segment should be checked for loss of sensation.

**Sensations.** Sensations easily recognized by most normal people are sharp/dull discrimination (to perceive as separate) and light touch. It is possible to test pressure, temperature, and vibration in special cases. The likelihood of DCS affecting only one sense, however, is very small.

**Instruments.** An ideal instrument for testing changes in sensation is a sharp object, such as the Wartenberg pinwheel or a common safety pin. Either of these objects must be applied at intervals. Avoid scratching or penetrating the skin. It is not the intent of this test to cause pain.

**Testing the Trunk.** Move the pinwheel or other sharp object from the top of the shoulder slowly down the front of the torso to the groin area. Another method is to run it down the rear of the torso to just below the buttocks. The patient should be asked if he feels a sharp point and if he felt it all the time. Test each dermatome by going down the trunk on each side of the body. Test the neck area in similar fashion.

**Testing Limbs.** In testing the limbs, a circular pattern of testing is best. Test each limb in at least three locations, and note any difference in sensation on each side of the body. On the arms, circle the arm at the deltoid, just below the elbow, and at the wrist. In testing the legs, circle the upper thigh, just below the knee, and the ankle.



**Testing the Hands.** The hand is tested by running the sharp object across the back and palm of the hand and then across the fingertips.

**Deep Tendon Reflexes.** The purpose of the deep tendon reflexes is to determine if the patient's response is normal, nonexistent, hypoactive (deficient), or hyperactive (excessive). The patient's response should be compared to responses the examiner has observed before. Notation should be made of whether the responses are equal bilaterally (both sides) and if the upper and lower reflexes are similar. If any difference in the reflexes is noticed, the patient should be asked if there is a prior medical condition or injury that would cause the difference. Isolated differences should not be treated, because it is extremely difficult to get symmetrical responses bilaterally. To get the best response, strike each tendon with an equal, light force, and with sharp, quick taps. Usually, if a deep tendon reflex is abnormal due to decompression sickness, there will be other abnormal signs present. Test the biceps, triceps, knee, and ankle reflexes by striking the tendon as described in the next section.

## **Reflexes.**

### **Test Procedure**

Biceps The examiner holds the patient's elbow with the patient's hand resting on the examiner's forearm. The patient's elbow should be slightly bent and his arm relaxed. The examiner places his thumb on the patient's biceps tendon, located in the bend of the patient's elbow. The examiner taps his thumb with the percussion hammer, feeling for the patient's muscle to contract.

Triceps The examiner supports the patient's arm at the biceps. The patient's arm hangs with the elbow bent. The examiner taps the back of the patient's arm just above the elbow with the percussion hammer, feeling for the muscle to contract.

Knee The patient sits on a table or bench with his feet off the deck. The examiner taps the patient's knee just below the kneecap, on the tendon. The examiner looks for the contraction of the quadriceps (thigh muscle) and movement of the lower leg.

Ankle The patient sits as above. The examiner places slight pressure on the patient's toes to stretch the Achilles' tendon, feeling for the toes to contract as the Achilles' tendon shortens (contracts).