



On-Site Neurological Assessment for Divers

Neurological Assessment

Vital Signs: Pulse Rate _____/Min Respirations _____/Min Blood Pressure _____/_____

MENTAL FUNCTION

| | |
|---------------------------------------|---|
| Consciousness: | Orientation: |
| <input type="checkbox"/> Alert | <input type="checkbox"/> Person (what is your name?) |
| <input type="checkbox"/> Verbal | <input type="checkbox"/> Place (where are you?) |
| <input type="checkbox"/> Painful | <input type="checkbox"/> Time (estimate what time it is?) |
| <input type="checkbox"/> Unresponsive | |

Ability to follow commands: Ask the diver to "Stick out your tongue and close your eyes." Yes No

Expression: Say - "red, white and blue" or "no ifs ands or buts" Yes No

Name 3 objects (e.g., comb, mask, scuba cylinder) Yes No

Read and interpret a sentence Yes No

Example: "The small boy walked to the lake with a large dog."

| | | |
|---|---|---|
| Judgment: | Memory: 3 items/3 minutes | Calculations: Circle misses |
| Why are you here? <input type="checkbox"/> Yes <input type="checkbox"/> No | Repeat 3 objects identified earlier <input type="checkbox"/> Yes <input type="checkbox"/> No | 93, 86, 79, 72, 65, 58, 51, 44, 37, 30, 23, 16, 9, 2 Able to complete <input type="checkbox"/> Yes <input type="checkbox"/> No |

Abstract reasoning/Proverbs: Interpret a proverb such as "A bird in the hand is worth two in the bush." Or "A stitch in time, saves nine." Could the diver explain the proverb? Yes No

CRANIAL NERVES

EYES: Forward Left Right Up Down **Nystagmus (eye twitching):** Yes No

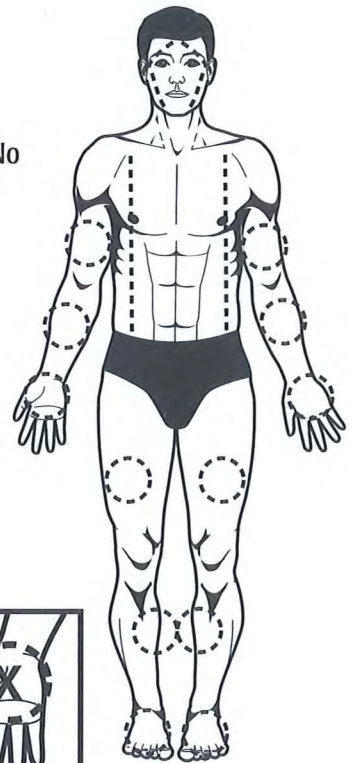
Circle any direction the diver cannot look

FACE: Close eyes and smile **HEARING:** Symmetrical ; > 1 foot Yes No

Is the face symmetrical? Yes No

LIGHT TOUCH: Forehead L R Cheek L R Jaw L R Chin L R

Identify any area where the diver identifies altered sensation.



MOTOR FUNCTION

Grading scale: No movement (0), Movement but weak (3), Normal (5)

Arms: Shoulders L ___ R ___ **Legs:** Hip flexors L ___ R ___

Biceps L ___ R ___ Quadriceps L ___ R ___

Triceps L ___ R ___ Hamstrings L ___ R ___

Finger spread L ___ R ___ Foot (up) L ___ R ___

Grip strength L ___ R ___ Foot (down) L ___ R ___

SENSORY FUNCTION

Shade in any areas on the figure at right with decreased sensation using the symbols below.

LIGHT TOUCH: X **PIN:** P **BOTH:** B

COORDINATION AND BALANCE

WALK: Normal Wobbly Unable to Complete

FINGER-NOSE-FINGER: Able to complete Yes No

COMMENTS:



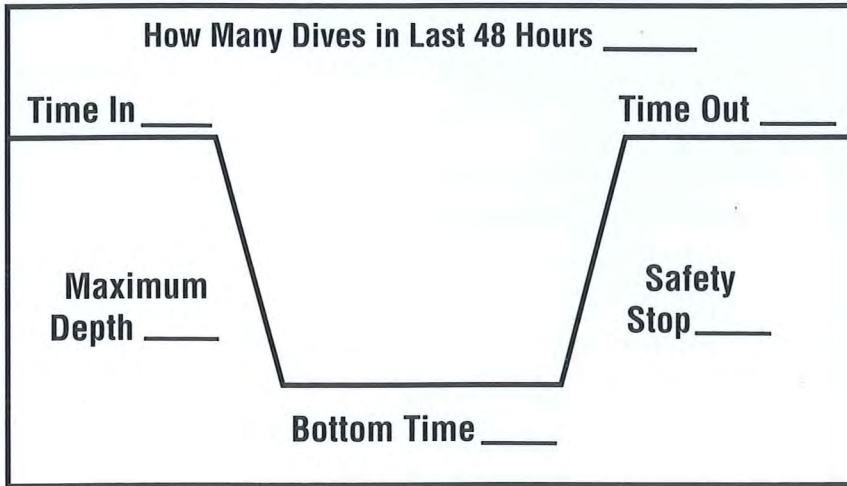
On-Site Neurological Assessment for Divers History

Last Name: _____ First Name: _____ MI: _____

DATE: _____ TIME: (hh:mm) _____ COMPLETED BY: _____

| Symptoms began: | What Symptoms are you feeling? | |
|--|---|---|
| <input type="checkbox"/> Before dive | <input type="checkbox"/> Numbness and tingling | Location _____ |
| <input type="checkbox"/> During descent | <input type="checkbox"/> Dizziness ("light headedness") | <input type="checkbox"/> Difficulty breathing |
| <input type="checkbox"/> At bottom | <input type="checkbox"/> Vertigo (spinning) | <input type="checkbox"/> Visual disturbance |
| <input type="checkbox"/> During ascent | <input type="checkbox"/> Ringing or buzzing in ear | Other _____ |
| <input type="checkbox"/> At deco / safety stop | <input type="checkbox"/> Decreased hearing | Other _____ |
| <input type="checkbox"/> On surface | <input type="checkbox"/> Rash and itching | Other _____ |

History of Last Dive



Breathing Gas

Air

Nitrox _____ %

TriMix _____ O₂% _____ He% _____ N₂%

Other _____

Unusual Features

Rapid Ascent

Missed Decompression

Out of Air Ascent

Difficulty Equalizing

Dive Planning

Dive Computer _____

Dive Table _____

Other _____

Pain

Where? _____

Does it change with Movement? Yes No Rate the pain 0 1 2 3 4 5 6 7 8 9 10

Other Conditions

| | |
|--|--|
| Nausea, vomiting? <input type="checkbox"/> Yes <input type="checkbox"/> No | Able to urinate? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure |
| Difficulty walking? <input type="checkbox"/> Yes <input type="checkbox"/> No | Difficulty with balance? <input type="checkbox"/> Yes <input type="checkbox"/> No Arm / Leg weakness? <input type="checkbox"/> Yes <input type="checkbox"/> No |

Pre-existing conditions that might influence findings

From 'observer' (e.g., dive buddy, companion)

Confirm profile information with an observer and list additional or conflicting information.
