

Neck Examination

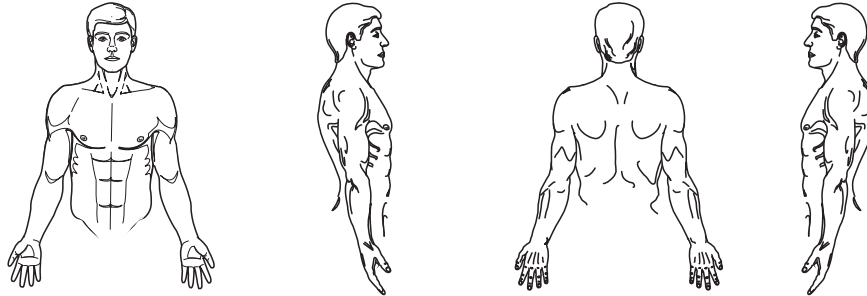
Patient Name: _____ Date: _____

Diagnosis: _____ Examiner: _____

Vital Signs: Pulse: _____ Blood Pressure: _____ / _____ L R Respiration: _____ Temperature: _____

Inspection/Palpation:

- | |
|--------------------|
| P = Pain |
| X = Trigger Points |
| B = Bleeding |
| S = Swelling |
| C = Contusion |
| L = Laceration |
| H = Hot |



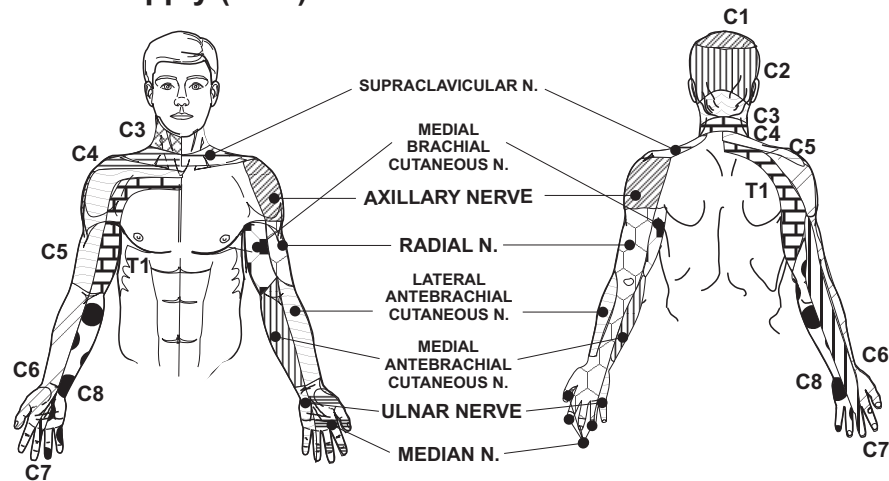
Range of Motion:

Activity	Normal	Active
Flexion	50	
Extension	60	
Right Lateral Bend	45	
Left Lateral Bend	45	
Right Rotation	80	
Left Rotation	80	

Muscle Testing/Myotomes:

Muscle	Strength	
	L	R
Scalenes (C4-8)		
SCM (C2)		
Trapezius (C3-4)		
Upper		
Middle		
Lower		
Rhomboid (C5)		
Levator Scapula (C4-5)		
Serratus Anticus (C6)		
Latissimus Dorsi (C6-8)		
<i>Pectoralis Major:</i>		
Clavicular (C5-7)		
Sternal (C6-8)		
<i>Deltoid: (C5-6)</i>		
Anterior		
Middle		
Posterior		
Supraspinatus (C5)		
Teres Minor (C5-6)		
Infraspinatus (C5-6)		
Subscapularis (C5-6)		
Teres Major (C6)		
Coracobrachialis (C6-7)		
Biceps (C5-6)		
Triceps (C7-8)		
Wrist Extensors (C7)		
Finger Flexors (C8)		
Interossei (T1)		

Nerve Supply (Skin):



Grip (JAMAR)	L	R
Trial #1		
Trial #2		
Trial #3		

Reflexes:	L	R
Biceps (C5)		
Brachioradialis (C6)		
Triceps (C7)		

Orthopedic: _____

Neurological: _____

Gait: _____ Special: _____