NAME: _____

BREATHING:	DATE:	DATE:	DATE:
Ribcage Excursion			
Ribs widen laterally?			
Do ribs move upward?			
Symmetrical side-to-side?			
High/Low Test			
Nasal or mouth inhales?			
Upper hand moves first?			
Upper hand moves only?			
Timed Inhales & Exhales			
Inhalation time			
Exhalation time			
Any startle?			

GAIT:	DATE:		DATE:		DATE:	
Feet	Left	Right	Left	Right	Left	Right
Neutral						
Externally Rotated						
Internally Rotated						
Pronated or Supinated						
Knees	Left	Right	Left	Right	Left	Right
Neutral						
Externally Rotated						
Internally Rotated						
Hips	Left	Right	Left	Right	Left	Right
Extension during gait?						
Externally Rotated						
Internally Rotated						
Shoulders	Left	Right	Left	Right	Left	Right
Shoulder lean to one side?						
Head						
Rotated to one side?						
Tilted to one side?						
Excessive movement?						

NeuroAthlete

NAME: _____

MOTOR CONTROL ASSESSMENT GRADING (1-5):

Range of Motion (R):	Quality of Motion (Q):	Muscle Testing (M):
5 = Full/normal ROM	5 = Very smooth and full control/coordination	5 = Full strength/resistance
4 = More than 1/2 ROM, shor of full	4 = Generally smooth, but some lack of control	4 = Good, but fatigues quickly
3 = Can get about 1/2 way through ROM	3 = Smooth/controlled in some ranges, not all	3 = Some resistance
2 = Some movement, but less that 1/2 ROM	2 = Generally uneven, uncoordinated movement	2 = Very little resistance
1 = No movemnt or any pain	1 = Very choppy, uncontrolled movement	1 = No resistance/strength

	DATE:			DATE:			DATE:		
MOTOR CONTROL - TRUNK									
Spinal Flexion	R=	Q=	M=	R=	Q=	M=	R=	Q=	M=
Spinal Extension	R=	Q=	M=	R=	Q=	M=	R=	Q=	M=
Spinal Lateral Flexion Right	R=	Q=	M=	R=	Q=	M=	R=	Q=	M=
Spinal Lateral Flexion Left	R=	Q=	M=	R=	Q=	M=	R=	Q=	M=
Spinal Rotation Right	R=	Q=	M=	R=	Q=	M=	R=	Q=	M=
Spinal Rotation Left	R=	Q=	M=	R=	Q=	M=	R=	Q=	M=

	DATE:			DATE:			DATE:		
MOTOR CONTROL - UPPER									
Shoulder Flexion	R=	Q=	M=	R=	Q=	M=	R=	Q=	M=
Shoulder Extension	R=	Q=	M=	R=	Q=	M=	R=	Q=	M=
Shoulder Abduction	R=	Q=	M=	R=	Q=	M=	R=	Q=	M=
Shoulder Adduction	R=	Q=	M=	R=	Q=	M=	R=	Q=	M=
Elbow Flexion	R=	Q=	M=	R=	Q=	M=	R=	Q=	M=
Elbow Extension	R=	Q=	M=	R=	Q=	M=	R=	Q=	M=
Forearm Supination	R=	Q=	M=	R=	Q=	M=	R=	Q=	M=
Forearm Pronation	R=	Q=	M=	R=	Q=	M=	R=	Q=	M=
Wrist & Finger Flexion	R=	Q=	M=	R=	Q=	M=	R=	Q=	M=
Wrist & Finger Extension	R=	Q=	M=	R=	Q=	M=	R=	Q=	M=
Finger Abduction	R=	Q=	M=	R=	Q=	M=	R=	Q=	M=
Finger Adduction	R=	Q=	M=	R=	Q=	M=	R=	Q=	M=

	DATE:			DATE:			DATE:		
MOTOR CONTROL - LOWER									
Hip Flexion	R=	Q=	M=	R=	Q=	M=	R=	Q=	M=
Hip Extension	R=	Q=	M=	R=	Q=	M=	R=	Q=	M=
Hip Abduction	R=	Q=	M=	R=	Q=	M=	R=	Q=	M=
Hip Adduction	R=	Q=	M=	R=	Q=	M=	R=	Q=	M=
Knee Flexion	R=	Q=	M=	R=	Q=	M=	R=	Q=	M=
Knee Extension	R=	Q=	M=	R=	Q=	M=	R=	Q=	M=
Ankle Dorsiflexion	R=	Q=	M=	R=	Q=	M=	R=	Q=	M=
Ankle Plantarflexion	R=	Q=	M=	R=	Q=	M=	R=	Q=	M=

NAME: _____

SENSORY ASSESSMENT GUIDELINES:

Procedure:	Areas to apply stimulus:	Scoring Legend:
1. Get a baseline Neurological Assessment	Musculature that controls dysfunctional ROM	+ = Positive Reassessment
2. Apply the sensory stimulus (30-60 sec)	Spastic musculature	- = Negative Reassessment
3. Reassess	On/around joint of the dysfunctional ROM	N = Neutral Reassessment
4. Also assess stimulus on unaffected side & note discrepancies		* = affected side has less feeling

Use the blocks below as required based on client's motor control

	DATE:	DATE:	DATE:
SENSORY - UPPER BODY:			
Face	Exact location:	Exact location:	Exact location:
Skin Stimulation			
Vibration			
Pressure			
Temperature			
Skin Stretch			
Shoulder	Exact location:	Exact location:	Exact location:
Skin Stimulation			
Vibration			
Pressure			
Temperature			
Skin Stretch			
Upper Arm	Exact location:	Exact location:	Exact location:
Skin Stimulation			
Vibration			
Pressure			
Temperature			
Skin Stretch			
Forearm	Exact location:	Exact location:	Exact location:
Skin Stimulation			
Vibration			
Pressure			
Temperature			
Skin Stretch			
Hand	Exact location:	Exact location:	Exact location:
Skin Stimulation			
Vibration			
Pressure			
Temperature			
Skin Stretch			

N\A NeuroAthlete

NAME: _____

SENSORY ASSESSMENT GUIDELINES:

Procedure:	Areas to apply stimulus:	Scoring Legend:
1. Get a baseline Neurological Assessment	Musculature that controls dysfunctional ROM	+ = Positive Reassessment
2. Apply the sensory stimulus (30-60 sec)	Spastic musculature	- = Negative Reassessment
3. Reassess	On/around joint of the dysfunctional ROM	N = Neutral Reassessment
4. Also assess stimulus on unaffected side & note discrepancies		* = affected side has less feeling

Use the blocks below as required based on client's motor control

	DATE:	DATE:	DATE:
SENSORY - LOWER BODY:			
Hip	Exact location:	Exact location:	Exact location:
Skin Stimulation			
Vibration			
Pressure			
Temperature			
Skin Stretch			
Upper Leg	Exact location:	Exact location:	Exact location:
Skin Stimulation			
Vibration			
Pressure			
Temperature			
Skin Stretch			
Lower leg	Exact location:	Exact location:	Exact location:
Skin Stimulation			
Vibration			
Pressure			
Temperature			
Skin Stretch			
Foot	Exact location:	Exact location:	Exact location:
Skin Stimulation			
Vibration			
Pressure			
Temperature			
Skin Stretch			
Toes	Exact location:	Exact location:	Exact location:
Skin Stimulation			
Vibration			
Pressure			
Temperature			
Skin Stretch			

SRFS SAMPLE ASSESSMENT FORM

NAME: _____

VISUAL:	DATE:	DATE:	DATE:
Visual Acuity	Annotate line/font read:	Annotate line/font read:	Annotate line/font read:
10' Snellen (both)			
10' Snellen (right)			
10' Snellen (left)			
Multisize Font Reading (both)			
Multisize Font Reading (right)			
Multisize Font Reading (left)			
Quadrant/Peripheral	Annotate w/ "X" if a loss:	Annotate w/ "X" if a loss:	Annotate w/ "X" if a loss:
Upper Left			
Upper Right			
Lower Left			
Lower Right			
Gaze Stabilization	Annotate w/ "X" if a threat:	Annotate w/ "X" if a threat:	Annotate w/ "X" if a threat:
Neutral			
Right			
Left			
Up			
Down			
Up & Right			
Up & Left			
Down & Right			
Down & Left			
Smooth Pursuits	Annotate w/ "X" if a threat:	Annotate w/ "X" if a threat:	Annotate w/ "X" if a threat:
Right			
Left			
Up			
Down			
Up & Right			
Up & Left			
Down & Right			
Down & Left			
Smooth Pursuits	Annotate w/ "X" if a threat:	Annotate w/ "X" if a threat:	Annotate w/ "X" if a threat:
Right - Left			
Up - Down			
Up/Right - Down/Left			
Up/Left - Down/Right			
Vergence	Annotate w/ "X" if a threat:	Annotate w/ "X" if a threat:	Annotate w/ "X" if a threat:
Neutral			
High Angle			
Low Angle			

SRFS SAMPLE ASSESSMENT FORM

NeuroAthlete

NAME: _____

Standing Balance Scoring Legend:

Capability:	Yes or No
Comfort:	out of 10 (10 = very comfortable)
Time:	0-30 seconds

Gait Gategory:

1. Non-ambulatory (VOR only)
2. Assisted ambulation (walker, etc) (both/neutral)
3. Ambulatory (non-assisted) (both/narrow)

	DATE:		DATE:		DATE:	
VESTIBULAR:						
VOR	Annotate w/ "X" if a threat:		Annotate w/ "X" if a threat:		Annotate w/ "X" if a threat:	
Right						
Left						
Up						
Down						
Up & Right						
Up & Left						
Down & Right						
Down & Left						
STANDING BALANCE						
Stance:	Neutral or Narrow (circle one)		Neutral or Narrow (circle one)		Neutral or Narrow (circle one)	
Eyes:	*Open*	*Closed*	*Open*	*Closed*	*Open*	*Closed*
Head Neutral						
Capability						
Comfort						
Time						
Head Turns						
Capability						
Comfort						
Time						
Head Nods						
Capability						
Comfort						
Time						
Head Tilts						
Capability						
Comfort						
Time						