



DAN FIELD NEUROLOGICAL EXAM

- Take DAN's "On-Site Neurological Assessment for Divers" class for comprehensive training in the material covered in this checklist.
- Record all observations regarding these exercises, along with any other symptoms, on this sheet and give your notes to the medical professionals when they arrive.
- If part of this exam can't be completed, record the omitted section and the reason.
- Repeat the exam regularly to record changes in the diver's condition.
- Give priority to the orientation, strength of shoulders, arms, and legs, and balance tests.
- Contact DAN's emergency hotline at (919) 684-4DAN (collect calls accepted) for additional information or assistance.

Consciousness:

1. Is the diver awake and alert? _____
2. Does the diver respond to commands, only to pain or is the diver unresponsive?

Orientation:

3. Does the diver know his or her name, location and/or the time? _____

Eyes:

4. Can the diver move his or her eyes in all directions? _____
5. Do the eyes twitch? _____

Face:

Have the diver close his or her eyes and smile.

6. Is the face symmetrical? _____

Hearing:

Rub your finger and thumb together more than a foot away from each of the diver's ears in a quiet place.

7. Is the diver's hearing equally good in both ears? _____
8. Is there any vertigo (spinning)? _____

Sensory Function:

Lightly touch the diver's face, arms, legs and torso.

9. Are there any areas where light touch cannot be felt on the face? _____
Record the locations. _____

10. Are there any areas where light touch cannot be felt on the body? _____
Record the locations. _____

Motor Function:

Have the diver to push against your hand to assess strength in as many muscle groups as possible.

11. Record strength and movement (flexion and extension) as normal, weak or no movement.

Shoulders _____

Biceps _____

Triceps _____

Grip strength _____

Hips _____

Knees _____

Ankles _____

Coordination & Balance:

Have the diver walk a straight line (only do this on a stable platform).

12. Does the diver walk normally, walk unsteadily or fall over? _____

Hold your index finger at arms length in front of the diver, and have the diver use one index finger to reach from his or her nose to your outstretched finger.

13. Can the diver complete the exercise? _____

14. What happens if you move your finger and repeat the test?

Pain:

15. Does the diver have pain anywhere? _____

16. Does it change with movement at the nearest joint? _____

17. How severe is the pain? Rate it 0 to 10 (0=no pain; 10=worst pain ever) _____

18. Time test performed? _____ a.m. / p.m.