

APPENDIX B: COMBAT NEURO EXAM WORKSHEET

- ❖ Need Safety Pin or Needle
- ❖ Perform all elements for all patients with a fracture of the vertebral body (excludes stable isolated transverse or spinous process fractures) noted on CT scan.

DATE: _____ TIME: _____

Fractured Vertebrae: (circle all that apply)

C1 C2 C3 C4 C5 C6 C7

T1 T2 T3 T4 T5 T6 T7 T8 T9 T10 T11 T12

L1 L2 L3 L4 L5 Sacrum

MOI: [Vehicle vs. IED] [Dismounted IED] [Fall from Ht] [Aircraft Crash] [GSW] [OTHER]

Alertness at time of exam: [Intubated/Sedated] [Intubated/Alert/Compliant] [Extubated]

External Fixation: [RUE] [LUE] [RLE] [LLE] Splint: [RUE] [LUE] [RLE] [LLE]

Motor Strength:

Elbow Flexion (C5)

LEFT: []No Motion []Motion against gravity []Normal [][*] []NT

RIGHT: []No Motion []Motion against gravity []Normal [][*] []NT

Wrist Extension (C6)

LEFT: []No Motion []Motion against gravity []Normal [][*] []NT

RIGHT: []No Motion []Motion against gravity []Normal [][*] []NT

Elbow Extension (C7)

LEFT: []No Motion []Motion against gravity []Normal [][*] []NT

RIGHT: []No Motion []Motion against gravity []Normal [][*] []NT

MF DIP Flex (C8)

LEFT: []No Motion []Motion against gravity []Normal [][*] []NT

RIGHT: []No Motion []Motion against gravity []Normal [][*] []NT

SF Abduction (T1)

LEFT: []No Motion []Motion against gravity []Normal [][*] []NT

RIGHT: []No Motion []Motion against gravity []Normal [][*] []NT

Hip Flexion (L2)

LEFT: []No Motion []Motion against gravity []Normal [][*] []NT

RIGHT: []No Motion []Motion against gravity []Normal [][*] []NT

Knee Extension (L3)

LEFT: []No Motion []Motion against gravity []Normal [][*] []NT

RIGHT: []No Motion []Motion against gravity []Normal [][*] []NT

Ankle Dorsiflexion (L4)

LEFT: []No Motion []Motion against gravity []Normal [][*] []NT

RIGHT: []No Motion []Motion against gravity []Normal [][*] []NT

Great Toe Extension (L5)

LEFT: []No Motion []Motion against gravity []Normal [][*] []NT

RIGHT: []No Motion []Motion against gravity []Normal [][*] []NT

Ankle Plantarflexion (S1)

LEFT: []No Motion []Motion against gravity []Normal [][*] []NT

RIGHT: []No Motion []Motion against gravity []Normal [][*] []NT

Rectal Exam:

Voluntary Anal Contraction	<input type="checkbox"/>]None]	<input type="checkbox"/>]Weak]	<input type="checkbox"/>]Normal]
Tone	<input type="checkbox"/>]None]	<input type="checkbox"/>]Weak]	<input type="checkbox"/>]Normal]
<u>Pinprick</u> Anal Sensation (S4/5)	<input type="checkbox"/>]Absent]	<input type="checkbox"/>]Impaired]	<input type="checkbox"/>]Normal]
Anal Wink	<input type="checkbox"/>]Absent]	<input type="checkbox"/>]Present]	

Sensation:

Start at Clavicle and progress inferiorly until light touch sensation is abnormal. Then, test pin prick at this level and prick with sharp and then with dull surface at each dermatome. Check the LOWEST level where the patient had reliable detection of sharp and dull sensation. Indicate if levels are different on Left or Right side.

<input type="checkbox"/>]Clavicle (C3/4)	<input type="checkbox"/>]Umbilicus (T10)
<input type="checkbox"/>]Lateral Elbow (C5)	<input type="checkbox"/>]Mid-Inguinal Crease (T12)
<input type="checkbox"/>]Dorsal Thumb (C6)	<input type="checkbox"/>]Medial Thigh (Prox 1/3) (L1)
<input type="checkbox"/>]Dorsal MF (C7)	<input type="checkbox"/>]Medial Thigh (Mid Point) (L2)
<input type="checkbox"/>]Dorsal SF (C8)	<input type="checkbox"/>]Medial Knee (L3)
<input type="checkbox"/>]Medial Elbow(T1)	<input type="checkbox"/>]Medial Ankle (L4)
<input type="checkbox"/>]Nipple Level (T4)	<input type="checkbox"/>]Dorsum Middle Toe (L5)
<input type="checkbox"/>]Xiphoid Level (T6)	

Reflexes:

Bulbocavernosus	<input type="checkbox"/>]Absent]	<input type="checkbox"/>]Present]	<input type="checkbox"/>]Indeterminate]	<input type="checkbox"/>]NT]
Patella	LEFT: <input type="checkbox"/>]Absent]	<input type="checkbox"/>]Present]	RIGHT: <input type="checkbox"/>]Absent]	<input type="checkbox"/>]Present]
Clonus	LEFT: <input type="checkbox"/>]Absent]	<input type="checkbox"/>]Present]	RIGHT: <input type="checkbox"/>]Absent]	<input type="checkbox"/>]Present]
Foley:	<input type="checkbox"/>]Present]	<input type="checkbox"/>]Voiding spontaneously without catheter]		

ASIA Score: (circle score)

- [A] COMPLETE (no motor/sensory function below level of injury)
- [B] Pinprick sensation PRESENT at anus (S4/5) – NO Motor
- [C] <½ the muscles below level of injury have motion against gravity
- [D] >½ the muscles below level of injury have motion against gravity
- [E] Normal

NEURO LEVEL: _____ (Lowest level with normal sense and at least antigravity strength)

Incomplete Syndrome: (SCI – Occ-T11 Fx) (Conus – T12-L2 Fx) (CES – L3-Sacrum)

MF = middle finger; SF = small finger; * Suspect NORMAL strength, but limited due to pain; NT = Not Tested