

Cervical Spine Physical Examination

Gait	<input type="checkbox"/> normal	<input type="checkbox"/> antalgic	<input type="checkbox"/> ataxic
heel-to-toe walking	<input type="checkbox"/> normal	<input type="checkbox"/> difficulty	<input type="checkbox"/> unable
Cervical ROM			
flexion	<input type="checkbox"/> 100%	<input type="checkbox"/> 60%	<input type="checkbox"/> 30% <input type="checkbox"/> <30%
extension	<input type="checkbox"/> 100%	<input type="checkbox"/> 60%	<input type="checkbox"/> 30% <input type="checkbox"/> <30%
lateral rotation	<input type="checkbox"/> 100%	<input type="checkbox"/> 60%	<input type="checkbox"/> 30% <input type="checkbox"/> <30%
Shoulder Impingement Signs			
Spurling sign	<input type="checkbox"/> none	<input type="checkbox"/> right	<input type="checkbox"/> left
Arm abduction sign	<input type="checkbox"/> none	<input type="checkbox"/> right	<input type="checkbox"/> left

TTP				
R suboccipital	<input type="checkbox"/> non-tender	<input type="checkbox"/> mild	<input type="checkbox"/> moderate	<input type="checkbox"/> severe
L suboccipital	<input type="checkbox"/> non-tender	<input type="checkbox"/> mild	<input type="checkbox"/> moderate	<input type="checkbox"/> severe
R subaxial	<input type="checkbox"/> non-tender	<input type="checkbox"/> mild	<input type="checkbox"/> moderate	<input type="checkbox"/> severe
L subaxial	<input type="checkbox"/> non-tender	<input type="checkbox"/> mild	<input type="checkbox"/> moderate	<input type="checkbox"/> severe
R interscapular	<input type="checkbox"/> non-tender	<input type="checkbox"/> mild	<input type="checkbox"/> moderate	<input type="checkbox"/> severe
L interscapular	<input type="checkbox"/> non-tender	<input type="checkbox"/> mild	<input type="checkbox"/> moderate	<input type="checkbox"/> severe

Motor						
R deltoid	<input type="checkbox"/> 0/5	<input type="checkbox"/> 1/5	<input type="checkbox"/> 2/5	<input type="checkbox"/> 3/5	<input type="checkbox"/> 4/5	<input type="checkbox"/> 5/5
L deltoid	<input type="checkbox"/> 0/5	<input type="checkbox"/> 1/5	<input type="checkbox"/> 2/5	<input type="checkbox"/> 3/5	<input type="checkbox"/> 4/5	<input type="checkbox"/> 5/5
R biceps	<input type="checkbox"/> 0/5	<input type="checkbox"/> 1/5	<input type="checkbox"/> 2/5	<input type="checkbox"/> 3/5	<input type="checkbox"/> 4/5	<input type="checkbox"/> 5/5
L biceps	<input type="checkbox"/> 0/5	<input type="checkbox"/> 1/5	<input type="checkbox"/> 2/5	<input type="checkbox"/> 3/5	<input type="checkbox"/> 4/5	<input type="checkbox"/> 5/5
R triceps	<input type="checkbox"/> 0/5	<input type="checkbox"/> 1/5	<input type="checkbox"/> 2/5	<input type="checkbox"/> 3/5	<input type="checkbox"/> 4/5	<input type="checkbox"/> 5/5
L triceps	<input type="checkbox"/> 0/5	<input type="checkbox"/> 1/5	<input type="checkbox"/> 2/5	<input type="checkbox"/> 3/5	<input type="checkbox"/> 4/5	<input type="checkbox"/> 5/5
R pronation	<input type="checkbox"/> 0/5	<input type="checkbox"/> 1/5	<input type="checkbox"/> 2/5	<input type="checkbox"/> 3/5	<input type="checkbox"/> 4/5	<input type="checkbox"/> 5/5
L pronation	<input type="checkbox"/> 0/5	<input type="checkbox"/> 1/5	<input type="checkbox"/> 2/5	<input type="checkbox"/> 3/5	<input type="checkbox"/> 4/5	<input type="checkbox"/> 5/5
R wrist extensor	<input type="checkbox"/> 0/5	<input type="checkbox"/> 1/5	<input type="checkbox"/> 2/5	<input type="checkbox"/> 3/5	<input type="checkbox"/> 4/5	<input type="checkbox"/> 5/5
L wrist extensor	<input type="checkbox"/> 0/5	<input type="checkbox"/> 1/5	<input type="checkbox"/> 2/5	<input type="checkbox"/> 3/5	<input type="checkbox"/> 4/5	<input type="checkbox"/> 5/5
R wrist flexor	<input type="checkbox"/> 0/5	<input type="checkbox"/> 1/5	<input type="checkbox"/> 2/5	<input type="checkbox"/> 3/5	<input type="checkbox"/> 4/5	<input type="checkbox"/> 5/5
L wrist flexor	<input type="checkbox"/> 0/5	<input type="checkbox"/> 1/5	<input type="checkbox"/> 2/5	<input type="checkbox"/> 3/5	<input type="checkbox"/> 4/5	<input type="checkbox"/> 5/5
R finger extensor	<input type="checkbox"/> 0/5	<input type="checkbox"/> 1/5	<input type="checkbox"/> 2/5	<input type="checkbox"/> 3/5	<input type="checkbox"/> 4/5	<input type="checkbox"/> 5/5
L finger extensor	<input type="checkbox"/> 0/5	<input type="checkbox"/> 1/5	<input type="checkbox"/> 2/5	<input type="checkbox"/> 3/5	<input type="checkbox"/> 4/5	<input type="checkbox"/> 5/5
R finger flexor	<input type="checkbox"/> 0/5	<input type="checkbox"/> 1/5	<input type="checkbox"/> 2/5	<input type="checkbox"/> 3/5	<input type="checkbox"/> 4/5	<input type="checkbox"/> 5/5
L finger flexor	<input type="checkbox"/> 0/5	<input type="checkbox"/> 1/5	<input type="checkbox"/> 2/5	<input type="checkbox"/> 3/5	<input type="checkbox"/> 4/5	<input type="checkbox"/> 5/5
R finger abductor	<input type="checkbox"/> 0/5	<input type="checkbox"/> 1/5	<input type="checkbox"/> 2/5	<input type="checkbox"/> 3/5	<input type="checkbox"/> 4/5	<input type="checkbox"/> 5/5
L finger abductor	<input type="checkbox"/> 0/5	<input type="checkbox"/> 1/5	<input type="checkbox"/> 2/5	<input type="checkbox"/> 3/5	<input type="checkbox"/> 4/5	<input type="checkbox"/> 5/5

Sensory			
R C5	<input type="checkbox"/> normal	<input type="checkbox"/> decreased	<input type="checkbox"/> absent
L C5	<input type="checkbox"/> normal	<input type="checkbox"/> decreased	<input type="checkbox"/> absent
R C6	<input type="checkbox"/> normal	<input type="checkbox"/> decreased	<input type="checkbox"/> absent
L C6	<input type="checkbox"/> normal	<input type="checkbox"/> decreased	<input type="checkbox"/> absent
R C7	<input type="checkbox"/> normal	<input type="checkbox"/> decreased	<input type="checkbox"/> absent
L C7	<input type="checkbox"/> normal	<input type="checkbox"/> decreased	<input type="checkbox"/> absent
R C8	<input type="checkbox"/> normal	<input type="checkbox"/> decreased	<input type="checkbox"/> absent
L C8	<input type="checkbox"/> normal	<input type="checkbox"/> decreased	<input type="checkbox"/> absent

Reflexes			
R biceps	<input type="checkbox"/> absent <input type="checkbox"/> ¼	<input type="checkbox"/> 2/4	<input type="checkbox"/> ¾
L biceps	<input type="checkbox"/> absent <input type="checkbox"/> ¼	<input type="checkbox"/> 2/4	<input type="checkbox"/> ¾
R brachioradialis	<input type="checkbox"/> absent <input type="checkbox"/> ¼	<input type="checkbox"/> 2/4	<input type="checkbox"/> ¾
L brachioradialis	<input type="checkbox"/> absent <input type="checkbox"/> ¼	<input type="checkbox"/> 2/4	<input type="checkbox"/> ¾
R triceps	<input type="checkbox"/> absent <input type="checkbox"/> ¼	<input type="checkbox"/> 2/4	<input type="checkbox"/> ¾
L triceps	<input type="checkbox"/> absent <input type="checkbox"/> ¼	<input type="checkbox"/> 2/4	<input type="checkbox"/> ¾

Myelopathy Hand			
Static Hoffman	<input type="checkbox"/> none	<input type="checkbox"/> right	<input type="checkbox"/> left
Dynamic Hoffman	<input type="checkbox"/> none	<input type="checkbox"/> right	<input type="checkbox"/> left
Intrinsic atrophy	<input type="checkbox"/> none	<input type="checkbox"/> right	<input type="checkbox"/> left
Finger Escape Sign	<input type="checkbox"/> none	<input type="checkbox"/> right	<input type="checkbox"/> left
Rapid Alternating Movements	<input type="checkbox"/> normal	<input type="checkbox"/> slow	<input type="checkbox"/> unable