

**C-DOC** COMMERCIAL DIVING AND OFFSHORE CONSULTANCY

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Competency Assessment: CA- 022/23

Ref: DMAC 01 Aide Memoire

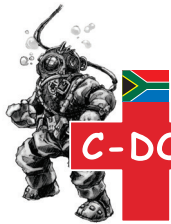
Updated: 01/10/2015

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# NEUROLOGICAL ASSESSMENT - WORK TASK

## DETAILED SCREENING NEUROLOGICAL EXAMINATION • Many Eyes Face Her Shoulders Got To Make Some Bucks

<b>PATIENT NAME:</b>		<b>EXAMINER NAME:</b>		<b>DATE:</b>	
<b>MENTAL STATUS</b>		<b>CRANIAL NERVES</b>		<b>MOTOR (Quick Test)</b>	
<input type="checkbox"/> Alert <input type="checkbox"/> Verbal <input type="checkbox"/> Pain <input type="checkbox"/> Unresponsive Location Time _____ Place / Worksite _____ Person Job (Diver/Bellman ...) _____ Type of work performed _____ Name 5-Item Category _____ Serial 7's _____		<b>EYES (II)</b>		<b>RIGHT</b> <b>LEFT</b>	
EYES		<b>RIGHT</b>		<b>MOTOR</b>	
		Vision: read or double vision? _____		Squat & Stand again _____	
		Visual Field _____		Duck Walk _____	
		H - Eyes Left/Up/Down/Right _____		Stand on Heels _____	
FACE		Nystagmus Y/N _____		Stand on Toes _____	
		Reacting to Light _____		<b>MOTOR</b>	
		<b>PUPILS (III, IV, VI)</b>		Neck Extension _____	
		Size & Shape _____		Neck Flexion _____	
HER		Light (PEARL) _____		Arm Extension Rotation _____	
		Consensus _____		Pectoral - Adduction (Chest) _____	
		Accommodation _____		Deltoid - Abduction (Shoulder) _____	
		Blink Reflex (corneal) _____		Biceps - Flexion (Bend upper arm) _____	
SHOULDERS		<b>FACE (V, VII)</b>		Triceps - Extension (Straighten the upper arm) _____	
		Light touch-Face Sensation _____		Wrist Extension _____	
		Clench Teeth _____		Wrist Flexion _____	
		Raise Eyebrows _____		Finger Spread (Extension) _____	
TO GOT		Wink test _____		Finger Grip (Flexion) _____	
		Blow a kiss _____		Thumb to Index Finger Tip test _____	
		<b>HEARING (VIII)</b>		Thumb to Pinkie Finger Tip test _____	
		Finger rub _____		Abdominal _____	
TO MAKE		Tuning Fork _____		Leg Lift (Psoas muscle) _____	
		<b>SHOULDERS (XI)</b>		Thigh Adduction _____	
		Head Turn _____		Thigh Abduction _____	
		Shrug shoulders _____		Gluteus (Buttocks) _____	
TO BUCKS		<b>GAG (IX,X)</b>		Quadricep (Thigh) _____	
		Swallow _____		Hamstring (Back of Thigh) _____	
		Gag reflex _____		Shin _____	
		Uvula (Little Tongue) _____		Calf _____	
TO MAKE SOME BUCKS		Voice Change _____		Ankle Rotation _____	
		<b>TONGUE (XIII)</b>		Toe Extension _____	
		Tongue in Cheek _____		Toe Flexion _____	
		Stick Tongue Straight Out _____			
<b>RECENT MEMORY</b> <b>DIVE PROFILE (IMCA Aide Memoire)</b> <b>Method:</b> <input type="checkbox"/> Scuba <input type="checkbox"/> Surface Supply <input type="checkbox"/> Saturation <b>Breathing gas:</b> <input type="checkbox"/> Air <input type="checkbox"/> Nitrox <input type="checkbox"/> Heliox <input type="checkbox"/> Trimix Working depth (m/ft): _____ (m/ft) Bell depth (m/ft) (where relevant): _____ (m/ft) Storage depth (where relevant): _____ (m/ft) Time spent at working depth: _____ (min) Decompression table selected: _____ <b>Decompression</b> In-water: _____ Air / Nitrox Surface decompression _____ Y/ N Surface interval _____ (min)  <b>Method:</b> <input type="checkbox"/> SCUBA <input type="checkbox"/> Surface supplied <input type="checkbox"/> Saturation How Many Dives in Last 24 Hours _____ Time In _____      Time Out _____  <b>Breathing gas:</b> Air <input type="checkbox"/> Nitrox <input type="checkbox"/> Heliox <input type="checkbox"/> Trimix <input type="checkbox"/>  Maximum Depth _____      Decompression Stop _____  Bottom Time _____		<b>ONSET OF SYMPTOMS OCCURRED</b>			
		Descent (compression) _____			
		Ascent (decompression) _____			
		On the bottom _____			
		After Surfacing _____			
		In the Chamber (DDC) _____		<b>SYMPTOMS</b>	
				Niggles (minor aches) _____ Y/ N	
				Pain in Joints/muscles _____ Y/ N	
				Pain in the lower back, around waist _____ Y/ N	
				Muscle weakness _____ Y/ N	
		Total loss of power (paralysis) _____ Y/ N			
		Skin itching _____ Y/ N			
		Skin Discolouration (marbling) _____ Y/ N			
		Pins and needles _____ Y/ N			
		Patches of numbness (altered sensation) _____ Y/ N			
		Difficulty in urinating _____ Y/ N			
		Standing upright is difficult _____ Y/ N			
		Nausea _____ Y/ N			
		Vomiting _____ Y/ N			
		Vertigo (loss of balance) _____ Y/ N			
		Affected hearing _____ Y/ N			
		Speech problems _____ Y/ N			
		Visual problems _____ Y/ N			
		Drowsiness _____ Y/ N			
		Agitation _____ Y/ N			
		Breathlessness, painful breathing _____ Y/ N			
		Respiratory distress worsening with decompression _____ Y/ N			
		Blood-stained froth in the airways _____ Y/ N			
		<b>OTHER SYMPTOMS (SPECIFY)</b>			



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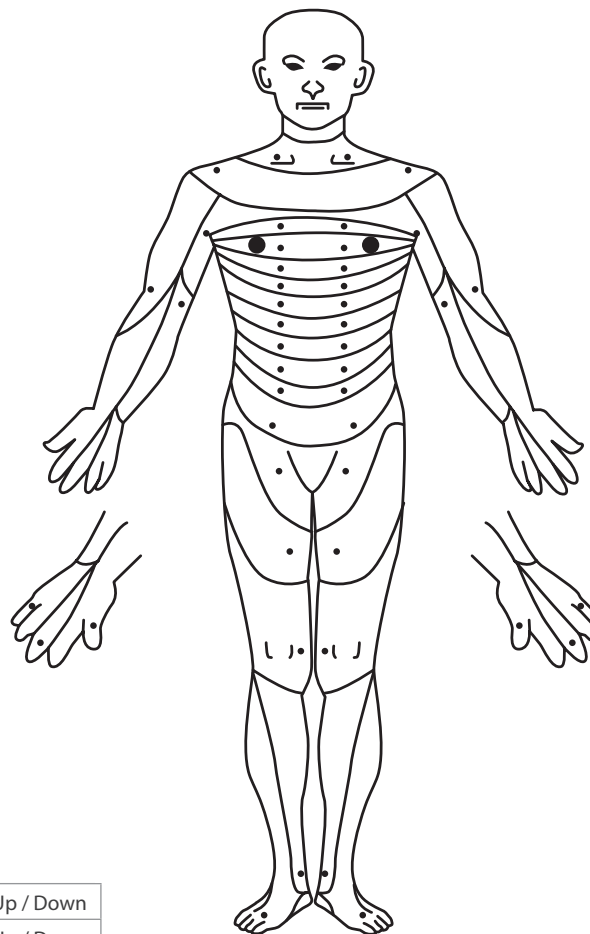
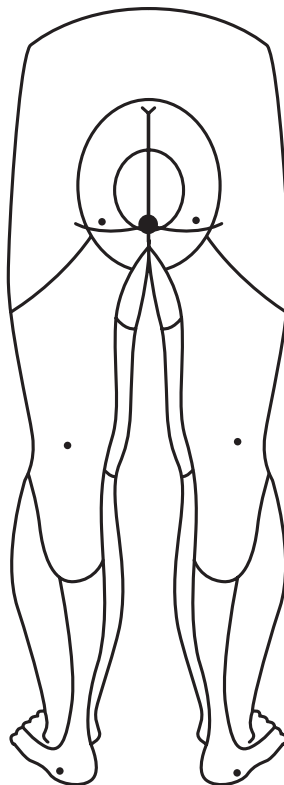
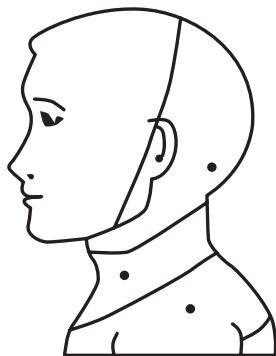
### SENSATION

### BALANCE & COORDINATION

### SENSORY

Identify any areas of altered sensation. Note that these may change over time with treatment. Specify and identify on the diagram:

- Use cotton wool to lightly touch to test for sensation of soft touch: OOOOOOO
- Use a toothpick or a similar sharp object to test for sensation of sharpness: ++++++++



SOME

BUCKS

Left foot Plantar response. Observe direction of movement of the big toe.	Up / Down	
Right foot Plantar response. Observe direction of movement of the big toe.	Up / Down	
Is there any altered feeling in the skin (numbness, pins & needles)	Y/N	If 'yes', specify and identify on the diagram ////////////////
Is there a normal sensory response to Sharpness (pinprick)	Y/N	If 'no', specify and identify on the diagram ++++++
Is there a normal sensory response to soft touch	Y/N	If 'no', specify and identify on the diagram OOOOOO
Can you detect a level of sensory change	Y/N	

RIGHT	<i>*Note: Eyes Closed</i>	LEFT
	nose-finger-nose	
	finger-finger	
	finger-nose *	
	finger-toe *	
	heel-knee-toe (shin slide)	
	hand pronation	
	hand supination	
	thumb-finger tap	
	hand tap	
	foot tap	
	elbow rebound	
	knee rebound	
	stand one foot	
	hop one foot	

- Usual gait (walk):
- Tandem (heel-toe walk):
- Reverse Tandem:
- Toe Walk:
- Heel Walk:
- Rhomberg (Balance):
- Sharpened Rom:
- Squat, rise:

### OTHER

### VITAL SIGNS

- LOC
- Respiration
- Pulse
- Blood Pressure
- AMPLE**
- Known Allergies
- Medications
- Past History of DCI
- Last Fluid Intake
- Events: What happened?