

Buffalo Concussion Physical Examination Form



Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_

Physician: \_\_\_\_\_

Sports Med Physician

Fellow  Resident

Vital Signs <input type="checkbox"/> Not performed	2-minute Supine Rest	1-minute Standing
Blood Pressure (mmHg)		
Heart Rate (bpm)		
Symptoms on supine rest?	<input type="checkbox"/> None	<input type="checkbox"/> Lightheaded <input type="checkbox"/> Vertigo
Symptoms on postural change?	<input type="checkbox"/> None	<input type="checkbox"/> Lightheaded <input type="checkbox"/> Vertigo

**Neck and Sub-Occipital Region Exam**  Not performed

Tenderness  Normal  Abnormal Findings: \_\_\_\_\_

Spasm  Normal  Abnormal Findings: \_\_\_\_\_

**Cervical Range of Motion**  Not performed

Flexion (50°)  Normal  Abnormal Extension (60°)  Normal  Abnormal

Right Lateral Flexion (40-45°)  Normal  Abnormal Left Lateral Flexion (40-45°)  Normal  Abnormal

Right Rotation (80°)  Normal  Abnormal Left Rotation (80°)  Normal  Abnormal

Comments: \_\_\_\_\_

**Head and Face Exam**  Not performed

Head  Normal  Abnormal Findings: \_\_\_\_\_

Face  Normal  Abnormal Findings: \_\_\_\_\_

Jaw  Normal  Abnormal Findings: \_\_\_\_\_

**Cranial Nerve Exam**  Not performed

I – Olfactory  Normal  Abnormal VIII - Vestibulocochlear  Normal  Abnormal

II – Optic  Normal  Abnormal IX/X – Glossopharyngeal/Vagus  Normal  Abnormal

III, IV, VI – Ocular Motility  Normal  Abnormal XI – Accessory  Normal  Abnormal

V – Trigeminal  Normal  Abnormal XII – Hypoglossal  Normal  Abnormal

VII – Facial  Normal  Abnormal Comments: \_\_\_\_\_

**Fundoscopy**  Not performed

Normal  Abnormal Findings: \_\_\_\_\_

**Ocular/Oculomotor Exam**  Not performed

Pupil Reactivity (CN II)  Normal  Abnormal  Not performed

Smooth Pursuits (10 repetitions)  Normal  Abnormal  Reduced repetitions: \_\_\_\_\_

Sustained nystagmus  
 Saccadic movement/Unable to track  
 Dizziness/nausea (symptom)  
 Headache (symptom)  
 Other: \_\_\_\_\_

Repetitive Saccades (30 repetitions)  Normal  Abnormal  Reduced repetitions: \_\_\_\_\_

Slow movement/Over or under shoot  
 Dizziness/nausea (symptom)  
 Headache (symptom)  
 Other: \_\_\_\_\_

VOR (CN VIII) (10 repetitions)  Normal  Abnormal  Reduced repetitions: \_\_\_\_\_

Does not maintain fixation  
 Dizziness/nausea (symptom)  
 Headache (symptom)  
 Other: \_\_\_\_\_

Trial	NPC Break (diplopia)	NPC Recovery	Accommodation – Right	Accommodation – Left
1	_____cm	_____cm	_____cm	_____cm
2	_____cm	_____cm	_____cm	_____cm

**Tandem Gait**  Not performed

Eyes Open Forward  Normal  Unstable or sway  Fall or over step Number of sway/errors: \_\_\_\_\_

Eyes Open Backward  Normal  Unstable or sway  Fall or over step Number of sway/errors: \_\_\_\_\_

Eyes Closed Forward  Normal  Unstable or sway  Fall or over step Number of sway/errors: \_\_\_\_\_

Eyes Closed Backward  Normal  Unstable or sway  Fall or over step Number of sway/errors: \_\_\_\_\_

Comments: \_\_\_\_\_ Total number of sway/errors:  ≤4  ≥5