Neuro evaluation

Record what you observed and measured. Follow your facility's protocol for emergencies and urgent referral.

Patient initials or ID: _____ Date of evaluation: _____
Clinician name and credentials: _____ Setting: _____
Referring physician or prescriber: _____
Medical diagnosis as given by the physician: _____
Precautions and red flags: _____
Medications relevant to the session: _____
Patient goals in the patient's own words: _____

A. History

Describe the patient's history and context. What matters most to this patient, and what do they want to do again?
Onset date: _____ How did it happen or progress: _____
Prior level of function: What was work, leisure and self-care like: _____
Home and community setup: Stairs, entries, supports and equipment: _____
Falls history: _____
Your reasoning: Why do these details matter to the evaluation?
_____
_____

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B. Screening and precautions

Screen for factors relevant to the session. What could change the plan today?
Vital signs and testing conditions: _____
Cognition and communication screen: _____
Vision and hearing: _____
Pain: Where is it? What is its quality? What makes it change? _____
Skin: _____
Your reasoning: Why do these findings affect today's plan?
_____
_____

C. Neurological examination

Describe what you saw in the patient's own movement before testing it. What did you observe?
Movement observation: _____
Tone and scale used: _____
Strength by muscle group and grade scale: _____
Reflexes: _____
Sensation: Light touch and pinprick by dermatome or nerve: _____
Coordination: _____
Balance and gait, including assistance level: _____
UMN or LMN pattern, side and distribution: _____
Your reasoning: Why do the findings matter together?
_____
_____

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D. Localization

State your working localization in one sentence. What would change your localization?
Hemisphere, brainstem, spinal level or peripheral nerve: _____
Findings that support it: _____
Findings that argue against it: _____
Red flags noted and to whom referred: _____
Your reasoning: Why does this localization fit, and what could change it?
_____
_____

E. Outcome measures

Record each measure you use, with its score, the testing conditions and what the change means for this patient. The example measures below are for reference: choose the measures your setting uses and that fit the patient.
Measure name: _____ Score and units: _____ Date: _____
Testing conditions (assistive device, footwear, starting position, number of trials): _____
Comparison with the last score: _____
Meaningful change for this patient: _____
Your reasoning: Why is this measure and its change meaningful here?
_____
_____

Example outcome measures for neuro rehabilitation

Example 1: Fugl-Meyer Assessment, upper extremity (FMA-UE).
Measures upper limb motor impairment after stroke. Scored 0 to 66 points; each item 0 (cannot perform), 1 (performs partially) or 2 (performs fully). Minimal detectable change: 5.2 points in chronic stroke (Wagner et al., 2008).
Source: Shirley Ryan AbilityLab, RehabMeasures Database, Fugl-Meyer Assessment of Motor Recovery after Stroke (last updated August 2016), https://www.sralab.org/rehabilitation-measures/fugl-meyer-assessment-motor-recovery-after-stroke
Example 2: Action Research Arm Test (ARAT).
Measures upper limb function in stroke through 19 functional tasks in four subtests: grasp, grip, pinch and gross motor. Scored 0 to 57; higher scores mean better function. The authors' descriptive bands are 0 to 19 (low), 20 to 38 (moderate) and 39 to 57 (high), for description only.
Source: Grattan ES, Velozo CA, Skidmore ES, Page SJ, Woodbury ML. Interpreting Action Research Arm Test assessment scores to plan treatment. OTJR: Occupational Therapy Journal of Research, 2018; 39(1):64-73. PMC6070435.

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Example outcome measures for neuro rehabilitation (continued)

Example 3: 10 Meter Walk Test (10MWT).
Measures walking speed over a short distance in meters per second. Two trials at comfortable speed and two at fast speed; average each pair. Document any assistive device and the assistance level, and use the same device at each test. Meaningful change in older adults: 0.05 m/s (small) and 0.13 m/s (substantial) (Perera et al., 2006); confirm the threshold for the patient's condition.
Source: Shirley Ryan AbilityLab, RehabMeasures Database, 10 Meter Walk Test (last updated January 2014), https://www.sralab.org/rehabilitation-measures/10-meter-walk-test

Example 4: Berg Balance Scale (BBS).
Measures static and dynamic balance in 14 items. Scored 0 to 56; higher is better. Score below 45 linked with greater fall risk in older adults (Berg et al., 1992); cut-off of 45 of 56 used in hemiparetic stroke (Doggan et al., 2011). Parkinson's disease: may show a ceiling effect at Hoehn and Yahr stages 2 to 3, and cannot be completed at stages 4 to 5 because no assistive device is allowed.
Source: Shirley Ryan AbilityLab, RehabMeasures Database, Berg Balance Scale (last updated June 2020), https://www.sralab.org/rehabilitation-measures/berg-balance-scale

Example 5: Timed Up and Go (TUG).
Measures mobility and fall risk. The patient rises from a standard armchair (about 46 cm), walks 3 meters at a comfortable and safe pace, turns, walks back and sits. Timed in seconds; one practice trial is not scored; use the same assistive device each time. Fall-risk cut-offs reported: community adults over 13.5 seconds (Shumway-Cook et al., 2000); older stroke patients over 14 seconds (Andersson et al., 2006); Parkinson's disease over 11.5 seconds (Nocera et al., 2013). Minimal detectable change in chronic stroke: 2.9 seconds (Flansbjer et al., 2005).
Source: Shirley Ryan AbilityLab, RehabMeasures Database, Timed Up and Go (last updated November 2013), https://www.sralab.org/rehabilitation-measures/timed-and-go

Cut-off scores and minimal detectable change values come from the populations named in each study. They are not diagnoses and do not replace the clinical judgement of the treating clinician.

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F. Function and participation

Connect findings to everyday life. What is affected, and how was each item measured?
Impairment and how measured: _____
Activity limitation and how measured: _____
Participation restriction and how measured: _____
Your reasoning: Why are these priorities connected?
_____
_____

G. Assessment and plan

Describe the plan in measurable terms. What matters to the patient, and how will you assess progress?
Problems in the patient's terms: _____
Goals, measurable criteria and time frame: _____
_____
_____
Interventions, including dose, frequency and intensity: _____
_____
Reassessment date: _____ When plan goes to physician: _____
Your reasoning: Why does each intervention support a stated goal?
_____
_____
_____

H. Signature

Complete the record. Who completed the evaluation, and when?
Signature: _____ Date: _____ Time: _____
Your reasoning: Note any relevant sign-off context.
_____

Documentation note

Templates follow general documentation practice. Medicare therapy documentation: CMS Medicare Benefit Policy Manual, Chapter 15, Section 220.3, Documentation Requirements for Therapy Services (read the current text). Facility policy, payer rules and state practice acts override this form.

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