NEURO BOOTCAMP | EVALUATION TEMPLATE

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.
For clinical review by Andrea before use: the example measures, their cut-off scores and minimal detectable change values, the prompts and the Medicare citation.

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