Commonwealth of Pennsylvania
Department of State
State Athletic Commission

# NEUROLOGICAL EXAMINATION REPORT

***Only a licensed physician who specializes in neurology or neurosurgery may conduct this examination and complete this form. Please complete this form in its entirety.***

**Fighters Name** _____ **Date of Birth**

**Date of the NEURO EXAM =** _____

***NEUROLOGICAL EXAMINATION***

**CRANIAL NERVES (1 – 5)**

1. **Pupillary size in MM OD** _____ **OS** _____ ***Reactivity*** **OD** _____ **OS** _____
   *Note any asymmetry* _____
2. **Fundus** **OD** _____ **OS** _____
3. **Eye closure** _____
4. **Extraocular motility** visual pursuit _____ saccades _____ nystagmus _____
   *Describe any abnormality* _____
5. **Palate elevation**

**MOTOR (6 – 9)**

6. **Strength** **RUE** _____ **LUE** _____ **FILE** _____ **LLE** _____
   *List any abnormality* _____
7. **Tone** **RUE** _____ **LUE** _____ **FILE** _____ **LLE** _____
   (I = increased D = decreased N = normal)
8. **Range of motion** **RUE** _____ **LUE** _____ **FILE** _____ **LLE** _____
   *Describe reason for restriction* _____
9. **Abnormal movements** (tics, chorea, choreiform, myoclonus, etc.) _____
   Fasciulations _____
   *Describe any abnormal movements* _____

**CEREBELLAR (10 – 15)**

10. **Finger – nose – finger** *Describe any abnormalities* _____
11. **Heel – shin** *Describe any abnormalities* _____
    Abnormal = 3 failures
12. **Rebound check** *Describe any abnormalities* _____
    Abnormal =2 failures
13. **Rapid alternating hand movements**
    *Describe any abnormalities* _____
14. **One foot hop (3 trails, 5 secs ea ft)**
    *Describe any abnormalities* _____
15. **Romberg** *Describe any abnormalities* _____

# NEUROLOGICAL EXAMINATION

**APPLICANT NAME:** _____

**GAIT (16)**

**16. Gait**

Routine Gait _____ Heal Walk _____ Toe Walk _____ Tandem Walk _____

*Note any abnormal movements, including upper extremity (ie: dystonic posturing, athetosis)*

_____ **N/A _____(16)**

**SENSATION (17)**

**17. Sensation** _____ **N/A ____(17)**

**DEEP TENDON REFLEXES (18 – 19)**

**18. Deep Tendon Reflexes** _____ **N/A _____(18)**

**19. Babinski** _____ **N/A _____(19)**

**OTHER OBSERVATIONS (20)**

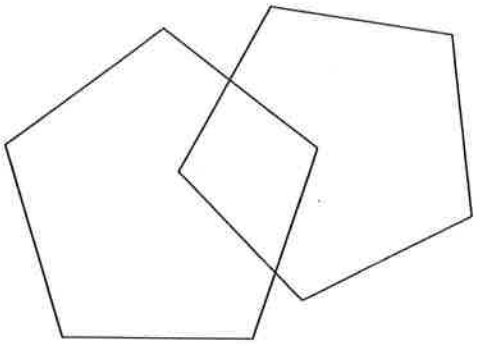
**20. List any other symptoms or evidence of neurological abnormalities from history or observations.**

_____ **N/A _____(20)**

## MENTAL STATUS EXAMINATION

**MINI-MENTAL STATUS EXAM (1 - 9)**

| | | Maximum Score | Score |
|---|---|---|---|
| 1. | What is the (year) (season) (date) (month) | 5 | _____ |
| 2. | Where are we (state) (county) (city) (hospital) (floor) | 5 | _____ |
| 3. | Name 3 objects: (e.g., cow, apple, bus) – one second to say each Then ask applicant all three after you have said them. (One point for each correct answer.) Then repeat them until he/she learns all 3. Count trials and record. Trials = _____ | 3 | _____ |
| 4. | Serial 7's. (One point for each correct.) Stop after 5 attempts | 5 | _____ |
| 5. | Ask for the 3 objects repeated above (one point for each correct) | 3 | _____ |
| 6. | Name a pencil and a watch | 2 | _____ |
| 7. | Repeat: "NO IFS, ANDS, OR BUTS" | 1 | _____ |
| 8. | Follow a 3-stage command: "TAKE A PAPER IN YOUR RIGHT HAND. FOLD IT IN HALF, AND PUT IT ON THE FLOOR" | 3 | _____ |
| 9. | Copy Design | 1 | _____ |



TOTAL SCORE _____

(0-21 suggests cognitive impairment) **N/A____(1-9)**

## EXAMINING NEUROLOGIST OR NEUROSURGEON

**As a licensed physician specializing in neurology or neurosurgery *(circle one)*, I DO or DO NOT *(circle one)* believe that this applicant could be permitted to be licensed as a Pro/Amateur Fighter in Pennsylvania.**

Is further referral necessary? _____

Are additional exams needed? _____

***I certify under penalty of perjury under the laws of the State of Pennsylvania that I am a licensed physician and that I specialize in neurology or neurosurgery.***

_____ _____

Licensed Neurosurgeon or Neurologist's Name (Print) Medical License Number

_____ _____

Signature of Neurosurgeon or Neurologist Date

_____

(Street Address) City State Zip Code

Office Phone # = _____