



LAST NAME	(FIRST)
MRN	VISIT NUMBER
DATE OF BIRTH YYYY-MM-DD	SEX
ADDRESS	
IMPRINT OR ENTER DETAILS BY HAND	

Division of Orthopaedic Surgery

Peripheral Neurovascular Checklist

Upper Extremity

Motor Exam: MRC Grade (0-5)

	<u>Right</u>	<u>Left</u>
Shoulder abduction	0 1 2 3 4 5	0 1 2 3 4 5
Elbow flexion	0 1 2 3 4 5	0 1 2 3 4 5
Elbow extension	0 1 2 3 4 5	0 1 2 3 4 5
Thumb IP extension	0 1 2 3 4 5	0 1 2 3 4 5
Thumb abduction	0 1 2 3 4 5	0 1 2 3 4 5
Index finger DIP flexion	0 1 2 3 4 5	0 1 2 3 4 5
Little finger DIP flexion	0 1 2 3 4 5	0 1 2 3 4 5
Finger abduction	0 1 2 3 4 5	0 1 2 3 4 5
Other:		

Sensory Exam: N (normal), D (decreased), A (absent)

Over Deltoid	N D A	N D A
First dorsal web space	N D A	N D A
Pulp of index finger	N D A	N D A
Pulp of little finger	N D A	N D A

Vascular: P (palpable), D (Audible on Doppler), A (absent)

Radial Artery	P D A	P D A
Other:		

Lower Extremity

Motor Exam: MRC Grade (0-5)

	<u>Right</u>	<u>Left</u>
Knee Extension	0 1 2 3 4 5	0 1 2 3 4 5
Knee Flexion	0 1 2 3 4 5	0 1 2 3 4 5
Ankle dorsiflexion	0 1 2 3 4 5	0 1 2 3 4 5
Ankle plantarflexion	0 1 2 3 4 5	0 1 2 3 4 5
Foot eversion	0 1 2 3 4 5	0 1 2 3 4 5
Great Toe extension	0 1 2 3 4 5	0 1 2 3 4 5
Great Toe flexion	0 1 2 3 4 5	0 1 2 3 4 5
Other:		

Sensory Exam: N (normal), D (decreased), A (absent)

Anterior Thigh	N D A	N D A
Dorsal surface of foot	N D A	N D A
First dorsal web space	N D A	N D A
Plantar surface of foot	N D A	N D A
Other:		

Vascular: P (palpable), D (Audible on Doppler), A (absent)

Posterior Tibial Artery	P D A	P D A
Dorsalis Pedis Artery	P D A	P D A
Other:		

Print name

Signature

Date (YYYY-MM-DD)

Time