

Post Spinal Surgery Neurovascular Observations – Upper Limbs

Full Name:

Address: **Addressograph**

HCR:

Movement of Upper Limbs	Date																		
	Time																		
	Initials																		
		L	R	L	R	L	R	L	R	L	R	L	R	L	R	L	R	L	R
<i>Insert score 5-0 as per guide below</i>																			
Elbow Flexion	C5																		
Elbow Extension	C7																		
Wrist Flexion or Extension	C6																		
Thumb Extension	C9																		
Finger Abduction	T1																		
Sensory Deficit of Upper Limbs	Intact																		
	Altered																		
	Absent																		
Comments																			

Guide

5= Normal Power
 4= Active movement against gravity and moderate resistance
 3= Active movement against gravity without resistance
 2= Active movement and gravity eliminated
 1= Flicker/trace of contraction that is palpable or visible
 0= No contraction, complete paralysis

Adapted with kind permission from
 Queens Medical Centre, Nottingham

Post Spinal Surgery Neurovascular Observations – Lower Limbs

Full Name: _____
 Address: **Addressograph** _____
 HCR: _____

Movement of Lower Limbs	Date																				
	Time																				
	Initials																				
		L	R	L	R	L	R	L	R	L	R	L	R	L	R	L	R	L	R	L	R
<i>Insert score 5-0 as per guide below</i>																					
Hip Abduction (<i>Scissors movement of legs while in supine position</i>)	C5																				
Straight Leg Raise (<i>while in supine position</i>)	L2 L3 L4																				
Knee Extension	C7																				
Great Toe Extension	C6																				
Plantar Flexion of Ankle	C9																				
Dorsiflexion of ankle	T1																				
Sensory Deficit of Upper Limbs	Intact																				
	Altered																				
	Absent																				
Catheter Sensation	S2-S5 Present/ Absent																				
Comments																					

Guide

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