

Deep Tendon Reflex Exam

Patient Information

Full Name: _____

Date of Birth (MM/DD/YY): _____ Gender: Male Female Other: _____

Height: _____ Weight: _____

Blood Pressure: _____ Heart Rate: _____ Respiratory Rate: _____

Reflex	Expected Response	Actual Response	
		L	R
Biceps	Contraction of biceps muscle and flexion of forearm		
Triceps	Contraction of triceps muscle and extension of forearm		
Brachioradialis	Supination of forearm		
Patellar	Contraction of quadriceps muscle and extension of knee		
Ankle	Plantarflexion of foot		
Plantar	Plantarflexion of toes		

Description of Responses

Biceps

Triceps

Brachioradialis

Patellar

Ankle

Plantar