

Lower Extremity Neurological Examination Template

Patient Information:

Name: _____

Date of Birth: _____

Medical Record Number: _____

Date of Examination: _____

Healthcare Provider: _____

Vital Signs:

Blood Pressure: _____

Heart Rate: _____

Respiratory Rate: _____

Temperature: _____

Oxygen Saturation: _____

Level of Consciousness:

Mental Status:

Motor Function:

Muscle Strength (Use the Medical Research Council Scale):

- Hip Flexion (0-5): _____
- Knee Extension (0-5): _____
- Ankle Dorsiflexion (0-5): _____
- Toe Extension (0-5): _____

Muscle Tone:

- Normal
- Increased
- Decreased

Coordination:

- Heel-to-Shin Test: _____
- Tandem Gait: _____

Sensory Examination:

Light Touch:

- Distal Phalanx of Great Toe: _____
- Medial and Lateral Aspect of Foot: _____

Pin Prick:

- Distal Phalanx of Great Toe: _____
- Medial and Lateral Aspect of Foot: _____

Vibration Sense:

- Medial Malleolus: _____
- Dorsum of Great Toe: _____

Reflexes:

Knee Jerk Reflex (Patellar Reflex):

- Normal
- Increased
- Decreased

Ankle Jerk Reflex (Achilles Reflex):

- Normal
- Increased
- Decreased

Plantar Reflex:

- Normal (Flexor Response)
- Abnormal (Extensor Response - Babinski Sign)

Gait Assessment:

Observation of Gait:

- Normal
- Antalgic
- Unsteady
- Foot Drop

Additional Notes:

- Muscle Wasting: _____
- Abnormal Reflexes: _____
- Any Other Observations:

Clinical Impression:

Interpretation of Findings:

Normal Neurological Examination

Abnormalities Suggestive of: _____

Recommendations:

Further Diagnostic Tests:

Referral to Neurologist if Indicated

Provider's Signature: _____

Date: _____