Spinal Accessory Nerve Test

Patient Informa	tion				
Name:					
Age:					
Gender:	Male	Female	Other:		
Date of Birth:					
Medical History:					
Objective:					
Equipment					
GoniometerTowel					
 Observation 	Chart				
Procedure					
1. Introduction:					
2. Patient Positioning:					
3. Inspect and F	Palpate:				
4. Active Range of Motion (ROM) Assessment:					
Head Movement	:				
Shoulder Elevati	on:				

5. Accessory Nerve-Specific Tests:	
lead Tilt Test:	
Shoulder Shrug Test:	
6. Towel Test:	
7. Observation:	
B. Documentation:	
). Interpretation:	
0. Follow-up:	
lotes	

Ensure proper communication with the patient throughout the procedure.If there are any concerns or uncertainties during the test, consult with a healthcare professional.