

SEA TURTLE—NEUROLOGICAL EXAMINATION

IDENTIFICATION

| | |
|--|---|
| Primary identifier: _____ <small>(Used by Stranding Network)</small> | Other identifier(s): _____ <small>(Patient name / other stranding number)</small> |
| Veterinarian: _____ | |

WHILE TURTLE IS IN WATER (Check all that apply)

| |
|--|
| Alertness: <input type="checkbox"/> Bright & alert <input type="checkbox"/> Quiet <input type="checkbox"/> Lethargic <input type="checkbox"/> Obtunded/stuporous <input type="checkbox"/> Unresponsive/comatose <input type="checkbox"/> Hyperactive/hyperresponsive |
| General activity: <input type="checkbox"/> Normal <input type="checkbox"/> Uncoord <input type="checkbox"/> Increased(↑) <input type="checkbox"/> Decreased(↓) <input type="checkbox"/> Weak <input type="checkbox"/> Absent |
| Circling: <input type="checkbox"/> None <input type="checkbox"/> Both directions <input type="checkbox"/> Left <input type="checkbox"/> Right |
| Head posture: <input type="checkbox"/> Level <input type="checkbox"/> Tilted Left <input type="checkbox"/> Turned Left <input type="checkbox"/> Tilted Right <input type="checkbox"/> Turned Right |
| Head movement: <input type="checkbox"/> Normal <input type="checkbox"/> Uncoord <input type="checkbox"/> Increased <input type="checkbox"/> Decreased/weak <input type="checkbox"/> Weak <input type="checkbox"/> Tremors |
| Body posture: <input type="checkbox"/> Level <input type="checkbox"/> Tilted Left <input type="checkbox"/> Tilted Right <input type="checkbox"/> Pelvic float |
| Front flippers |
| Movement: L: <input type="checkbox"/> Normal <input type="checkbox"/> Uncoord <input type="checkbox"/> ↑ <input type="checkbox"/> ↓ <input type="checkbox"/> Absent <input type="checkbox"/> NE R: <input type="checkbox"/> Normal <input type="checkbox"/> Uncoord <input type="checkbox"/> ↑ <input type="checkbox"/> ↓ <input type="checkbox"/> Absent <input type="checkbox"/> NE |
| Rear flippers |
| Movement: L: <input type="checkbox"/> Normal <input type="checkbox"/> Uncoord <input type="checkbox"/> ↑ <input type="checkbox"/> ↓ <input type="checkbox"/> Absent <input type="checkbox"/> NE R: <input type="checkbox"/> Normal <input type="checkbox"/> Uncoord <input type="checkbox"/> ↑ <input type="checkbox"/> ↓ <input type="checkbox"/> Absent <input type="checkbox"/> NE |
| Tail |
| Movement: <input type="checkbox"/> Normal <input type="checkbox"/> Uncoord <input type="checkbox"/> Increased <input type="checkbox"/> Decreased/weak <input type="checkbox"/> Absent <input type="checkbox"/> NE |
| Visual avoidance: L: <input type="checkbox"/> Normal <input type="checkbox"/> Uncoord <input type="checkbox"/> ↑ <input type="checkbox"/> ↓ <input type="checkbox"/> Absent <input type="checkbox"/> NE R: <input type="checkbox"/> Normal <input type="checkbox"/> Uncoord <input type="checkbox"/> ↑ <input type="checkbox"/> ↓ <input type="checkbox"/> Absent <input type="checkbox"/> NE |
| Righting response: <input type="checkbox"/> Normal <input type="checkbox"/> Uncoord <input type="checkbox"/> Decreased/weak <input type="checkbox"/> Absent <input type="checkbox"/> NE |

WHILE TURTLE IS OUT OF WATER

| |
|---|
| Alertness: <input type="checkbox"/> Bright & alert <input type="checkbox"/> Quiet <input type="checkbox"/> Lethargic <input type="checkbox"/> Obtunded/stuporous <input type="checkbox"/> Unresponsive/comatose <input type="checkbox"/> Hyperactive/hyperresponsive |
| Activity while lifted: <input type="checkbox"/> Normal <input type="checkbox"/> Uncoord <input type="checkbox"/> Increased <input type="checkbox"/> Decreased/weak <input type="checkbox"/> Absent <input type="checkbox"/> NE |
| Head posture: <input type="checkbox"/> Level <input type="checkbox"/> Tilted Left <input type="checkbox"/> Turned Left <input type="checkbox"/> Tilted Right <input type="checkbox"/> Turned Right |
| Head movement: <input type="checkbox"/> Normal <input type="checkbox"/> Uncoord <input type="checkbox"/> Increased <input type="checkbox"/> Decreased/weak <input type="checkbox"/> Absent <input type="checkbox"/> NE |
| Cranial nerve evaluation |
| I – Olfaction <input type="checkbox"/> Normal <input type="checkbox"/> Absent <input type="checkbox"/> NE |
| II, VII – Menace L: <input type="checkbox"/> Normal <input type="checkbox"/> Uncoord <input type="checkbox"/> ↑ <input type="checkbox"/> ↓ <input type="checkbox"/> Absent <input type="checkbox"/> NE R: <input type="checkbox"/> Normal <input type="checkbox"/> Uncoord <input type="checkbox"/> ↑ <input type="checkbox"/> ↓ <input type="checkbox"/> Absent <input type="checkbox"/> NE |
| II, III – Pupillary L: <input type="checkbox"/> Normal <input type="checkbox"/> Uncoord <input type="checkbox"/> ↑ <input type="checkbox"/> ↓ <input type="checkbox"/> Absent <input type="checkbox"/> NE R: <input type="checkbox"/> Normal <input type="checkbox"/> Uncoord <input type="checkbox"/> ↑ <input type="checkbox"/> ↓ <input type="checkbox"/> Absent <input type="checkbox"/> NE |
| III, IV, VI – Strabismus L: <input type="checkbox"/> Normal <input type="checkbox"/> Uncoord <input type="checkbox"/> ↑ <input type="checkbox"/> ↓ <input type="checkbox"/> Absent <input type="checkbox"/> NE R: <input type="checkbox"/> Normal <input type="checkbox"/> Uncoord <input type="checkbox"/> ↑ <input type="checkbox"/> ↓ <input type="checkbox"/> Absent <input type="checkbox"/> NE |
| V – Jaw strength L: <input type="checkbox"/> Normal <input type="checkbox"/> Uncoord <input type="checkbox"/> ↑ <input type="checkbox"/> ↓ <input type="checkbox"/> Absent <input type="checkbox"/> NE R: <input type="checkbox"/> Normal <input type="checkbox"/> Uncoord <input type="checkbox"/> ↑ <input type="checkbox"/> ↓ <input type="checkbox"/> Absent <input type="checkbox"/> NE |
| V, VII – Palp reflex L: <input type="checkbox"/> Normal <input type="checkbox"/> Uncoord <input type="checkbox"/> ↑ <input type="checkbox"/> ↓ <input type="checkbox"/> Absent <input type="checkbox"/> NE R: <input type="checkbox"/> Normal <input type="checkbox"/> Uncoord <input type="checkbox"/> ↑ <input type="checkbox"/> ↓ <input type="checkbox"/> Absent <input type="checkbox"/> NE |
| VIII – Vestibular L: <input type="checkbox"/> Normal <input type="checkbox"/> Uncoord <input type="checkbox"/> ↑ <input type="checkbox"/> ↓ <input type="checkbox"/> Absent <input type="checkbox"/> NE R: <input type="checkbox"/> Normal <input type="checkbox"/> Uncoord <input type="checkbox"/> ↑ <input type="checkbox"/> ↓ <input type="checkbox"/> Absent <input type="checkbox"/> NE |
| IX, X – Swallowing <input type="checkbox"/> Normal <input type="checkbox"/> Uncoord <input type="checkbox"/> Increased <input type="checkbox"/> Decreased <input type="checkbox"/> Absent |
| XII – Tongue <input type="checkbox"/> Normal <input type="checkbox"/> Uncoord <input type="checkbox"/> Increased <input type="checkbox"/> Decreased <input type="checkbox"/> Absent |

