

SEA TURTLE—NEUROLOGICAL EXAMINATION

IDENTIFICATION

Primary identifier: _____ (Used by Stranding Network)	Other identifier(s): _____ (Patient name / other stranding number)
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
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
III,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
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
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
V,VI – 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
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
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	

WHILE TURTLE IS OUT OF WATER IN DORSAL RECUMBENCY

Front flippers					
Movement:	<input type="checkbox"/> Normal <input type="checkbox"/> Uncoord <input type="checkbox"/> ↑ <input type="checkbox"/> ↓ <input type="checkbox"/> Absent <input type="checkbox"/> NE			<input type="checkbox"/> Normal <input type="checkbox"/> Uncoord <input type="checkbox"/> ↑ <input type="checkbox"/> ↓ <input type="checkbox"/> Absent <input type="checkbox"/> NE	
Strength:	<input type="checkbox"/> Normal <input type="checkbox"/> ↓ <input type="checkbox"/> Absent <input type="checkbox"/> NE			<input type="checkbox"/> Normal <input type="checkbox"/> ↓ <input type="checkbox"/> Absent <input type="checkbox"/> NE	
Tone:	<input type="checkbox"/> Normal <input type="checkbox"/> ↑ <input type="checkbox"/> ↓ <input type="checkbox"/> Absent <input type="checkbox"/> NE			<input type="checkbox"/> Normal <input type="checkbox"/> ↑ <input type="checkbox"/> ↓ <input type="checkbox"/> Absent <input type="checkbox"/> NE	
Flexor reflex:	<input type="checkbox"/> Normal <input type="checkbox"/> Uncoord <input type="checkbox"/> ↑ <input type="checkbox"/> ↓ <input type="checkbox"/> Absent <input type="checkbox"/> NE			<input type="checkbox"/> Normal <input type="checkbox"/> Uncoord <input type="checkbox"/> ↑ <input type="checkbox"/> ↓ <input type="checkbox"/> Absent <input type="checkbox"/> NE	
Crossed extensor:	<input type="checkbox"/> Absent/Normal <input type="checkbox"/> Present <input type="checkbox"/> ↑ <input type="checkbox"/> NE			<input type="checkbox"/> Absent/Normal <input type="checkbox"/> Present <input type="checkbox"/> ↑ <input type="checkbox"/> NE	
Dermal nociception:	<input type="checkbox"/> Normal <input type="checkbox"/> Uncoord <input type="checkbox"/> ↑ <input type="checkbox"/> ↓ <input type="checkbox"/> Absent <input type="checkbox"/> NE			<input type="checkbox"/> Normal <input type="checkbox"/> Uncoord <input type="checkbox"/> ↑ <input type="checkbox"/> ↓ <input type="checkbox"/> Absent <input type="checkbox"/> NE	
Deep nociception:	<input type="checkbox"/> Normal <input type="checkbox"/> Uncoord <input type="checkbox"/> ↑ <input type="checkbox"/> ↓ <input type="checkbox"/> Absent <input type="checkbox"/> NE			<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:	<input type="checkbox"/> Normal <input type="checkbox"/> Uncoord <input type="checkbox"/> ↑ <input type="checkbox"/> ↓ <input type="checkbox"/> Absent <input type="checkbox"/> NE			<input type="checkbox"/> Normal <input type="checkbox"/> Uncoord <input type="checkbox"/> ↑ <input type="checkbox"/> ↓ <input type="checkbox"/> Absent <input type="checkbox"/> NE	
Strength:	<input type="checkbox"/> Normal <input type="checkbox"/> ↓ <input type="checkbox"/> Absent <input type="checkbox"/> NE			<input type="checkbox"/> Normal <input type="checkbox"/> ↓ <input type="checkbox"/> Absent <input type="checkbox"/> NE	
Tone:	<input type="checkbox"/> Normal <input type="checkbox"/> ↑ <input type="checkbox"/> ↓ <input type="checkbox"/> NE			<input type="checkbox"/> Normal <input type="checkbox"/> ↑ <input type="checkbox"/> ↓ <input type="checkbox"/> NE	
Flexor reflex:	<input type="checkbox"/> Normal <input type="checkbox"/> Uncoord <input type="checkbox"/> ↑ <input type="checkbox"/> ↓ <input type="checkbox"/> Absent <input type="checkbox"/> NE			<input type="checkbox"/> Normal <input type="checkbox"/> Uncoord <input type="checkbox"/> ↑ <input type="checkbox"/> ↓ <input type="checkbox"/> Absent <input type="checkbox"/> NE	
Crossed extensor:	<input type="checkbox"/> Absent/Normal <input type="checkbox"/> Present <input type="checkbox"/> ↑ <input type="checkbox"/> NE			<input type="checkbox"/> Absent/Normal <input type="checkbox"/> Present <input type="checkbox"/> ↑ <input type="checkbox"/> NE	
Dermal nociception:	<input type="checkbox"/> Normal <input type="checkbox"/> Uncoord <input type="checkbox"/> ↑ <input type="checkbox"/> ↓ <input type="checkbox"/> Absent <input type="checkbox"/> NE			<input type="checkbox"/> Normal <input type="checkbox"/> Uncoord <input type="checkbox"/> ↑ <input type="checkbox"/> ↓ <input type="checkbox"/> Absent <input type="checkbox"/> NE	
Deep nociception:	<input type="checkbox"/> Normal <input type="checkbox"/> Uncoord <input type="checkbox"/> ↑ <input type="checkbox"/> ↓ <input type="checkbox"/> Absent <input type="checkbox"/> NE			<input type="checkbox"/> Normal <input type="checkbox"/> Uncoord <input type="checkbox"/> ↑ <input type="checkbox"/> ↓ <input type="checkbox"/> Absent <input type="checkbox"/> NE	
Tail, cloaca, other areas					
Cloacal nociception:	<input type="checkbox"/> Normal	<input type="checkbox"/> Uncoord	<input type="checkbox"/> Increased	<input type="checkbox"/> Decreased	<input type="checkbox"/> Absent
Tail movement:	<input type="checkbox"/> Normal	<input type="checkbox"/> Uncoord	<input type="checkbox"/> Increased	<input type="checkbox"/> Decreased	<input type="checkbox"/> Absent
Tail nociception:	<input type="checkbox"/> Normal	<input type="checkbox"/> Uncoord	<input type="checkbox"/> Increased	<input type="checkbox"/> Decreased	<input type="checkbox"/> Absent
Sensation – Neck:	<input type="checkbox"/> Normal	<input type="checkbox"/> Uncoord	<input type="checkbox"/> Increased	<input type="checkbox"/> Decreased	<input type="checkbox"/> Absent
Sensation – Scute:	<input type="checkbox"/> Normal	<input type="checkbox"/> Uncoord	<input type="checkbox"/> Increased	<input type="checkbox"/> Decreased	<input type="checkbox"/> Absent

Comments & lesion localization: _____
