

Upper Limb Neuro Examination Checklist

Candidate's name:

Examiner's name:

Date:

	Fully examined	Partly examined	Not examined
Intro (WIIPPPPE, hand shake)			
General Inspection			
Screening tests			
Tone			
Power			
Reflexes			
Co-ordination			
Sensation: light touch			
Sensation: vibration			
Sensation: pain/temp			
Sensation: proprioception			
Closure			
To complete			

Aspects performed well by candidate:

Aspects for improvement:

Overall performance: