

Head/Face Evaluation

Name: _____ Sport: _____ Date: _____
BP: _____ HR: _____ Practice _____ Game _____ Evaluator: _____

HISTORY

- a. Location of the pain _____
- b. Onset _____
- c. Activity _____
- d. Injury mechanism _____
- e. Other symptoms _____

OBSERVATION

Head:

- a. Position of the head: _____
- b. Cervical vertebrae: _____
- c. Mastoid process: _____
- d. Skull and scalp: _____

Ear:

- a. Auricle: _____
- b. Tympanic membrane: _____
- c. Periauricular area: _____

Nose:

- a. Alignment: _____
- b. Epistaxis: Swelling: _____
- c. Septum and mucosa: _____

Eyes and Face:

- a. Throat: _____
- b. Respiration: _____
- c. Thyroid cartilage: _____
- d. Cricoid cartilage: _____

Face and Jaw:

- a. Bleeding: _____
- b. Ecchymosis: _____
- c. Symmetry: _____
- d. Muscle tone: _____

Oral Cavity:

- a. Lips: _____
- b. Teeth: _____
- c. Tongue: _____
- d. Lingual frenulum: _____
- e. Gums: _____

PALPATION

RULE OUT A FRACTURE

(POSITIVE - NEGATIVE) COMPRESSION _____ PERCUSSION _____ DISTRACTION _____

Ear:

- 1. Periauricular area:
- 2. External ear:

Nose:

- 1. Nasal bone:
- 2. Nasal cartilage:

Throat:

- 1. Hyoid bone:
- 2. Cartilages:

Face:

- 1. Zygoma:
- 2. Maxilla:
- 3. Forehead:

Jaw:

- 1. Mandible:
- 2. Temporomandibular joint:

Teeth:

ASSESSING MOTION

General ROM
Goniometer
End Feel
Muscle Testing w/Gravity
Muscle Testing w/out Gravity

RATINGS

General ROM (Painfull-Limited-Full)
Goniometer (Percentage of Angle)
End Feel Normal (Bony - Soft Tissue Apposition - Soft Tissue Stretch - Capsular Stretch)
 Abnormal (Hard - Soft- - Firm - Springy Block - Empty - Spasm)
Muscle Testing w/Gravity (5 4 4- 3+ 3 3- 2+)
Muscle Testing w/out Gravity (2 2- 1+ 1 0)

SPECIAL TEST

(+1 +2 +3)

Ear Pathology

Auricular hematoma _____
 Tympanic membrane rupture _____
 Otitis externa _____
 Otitis media _____
Dental Injuries
 Tooth fracture _____
 Tooth luxation _____
 Temporomandibular joint _____

Nasal Pathology _____
 Throat Injury _____
Facial Fractures:
 Mandibular fractures _____
 Tongue blade test _____
 Zygooma fractures _____
 Maxillary fractures _____
 LeFort's fractures _____

NEUROLOGICAL EXAM

(POSITIVE - NEGATIVE)

CRANIAL NERVE

I
II
III
IV
V
VI
VII
VIII
IX
X
XI
XII

SENSORY TESTING

MOTOR TESTING

Ear:

Hearing:
Balance:

Nose:

Smell:

VITAL SIGNS

1. NAUSEA _____
 2. PULSE _____
 3. BLOOD PRESSURE _____
 4. RESPIRATIONS _____

FUNCTIONAL TESTS

Ear:

Hearing

Balance
Nose:
Smell
TMJ Involvement

	SLIGHT	SEVERE
Consciousness	_____	_____
Memory	_____	_____
Cognitive function	_____	_____
Balance/Coordination	_____	_____
Tinnitus	_____	_____
Pupil size	_____	_____
Nystagmus	_____	_____
Vision	_____	_____

NOTES

Impression: _____

Referral: Emergency Room _____

Physician's Office: _____

Acute Management: Crutches____ Posterior Splint____ Compression Bandage____ Air Cast ____ Vacuum Splint____ Speedi Splint____

Diagnostic Tests:
X-rays: Anterior/Posterior view
Lateral view
Mortis view
Anterior/Posterior view with stress

BoneScan: _____