

Patient Exam: Cervical Spine Evaluation

Date:	Time:		
Patient Name:	M/F	Age:	Medical Record #:

STANDING AND WALKING EXAM

- Gait and balance:** Normal Antalgic Unsteady
Heel-toe walk: Normal Unsteady*
Single leg stance: *Left:* Normal Unsteady* *Right:* Normal Unsteady*

SEATED EXAM

- Posture:** Normal Forward
Sensory: Normal Diminished to light touch or pinprick* Location if diminished: Deltoid (left right) (C5)
 First web space (left right) (C6) Middle finger (left right) (C7) Pinkie (left right) (C8)

Reflexes: (Rate as normal, absent, reduced, or increased)

- Biceps (C5) Left: _____ Right: _____
Brachioradialis (C6) Left: _____ Right: _____
Triceps (C7) Left: _____ Right: _____

Red-flag reflexes:

- Patellar hyperreflexia Present* Absent
Babinski reflex *Left:* Downgoing Upgoing* Equivocal *Right:* Downgoing Upgoing* Equivocal
Clonus: 0–2 (normal) 3–5 (borderline) >5 (abnormal/sustained)*

Motor: (Rate 0 to 5: 0=none, 5=normal w/resistance. Rating ≤3 may be nerve injury.)*

- Shoulder abduction (C4) Left: _____/5 Right: _____/5
Elbow flexion (C5) Left: _____/5 Right: _____/5
Wrist extension (C6) Left: _____/5 Right: _____/5
Elbow extension (C7) Left: _____/5 Right: _____/5
Finger extension (C8) Left: _____/5 Right: _____/5
Finger abduction (T1) Left: _____/5 Right: _____/5

Neck ROM (active): (Rate as 0 to 90 degrees)

- Rotation No pain Increased pain (____ degrees left, ____ degrees right)
Extension No pain Increased pain (____ degrees left, ____ degrees right)
Flexion No pain Increased pain (____ degrees left, ____ degrees right)

Neck ROM (passive): Spurling's test (arm pain with passive extension rotation and gentle compression)

- No pain Neck pain Increased arm pain

Shoulder exam:

- Full active shoulder ROM Normal Shoulder pain
Hawkin's impingement Normal Shoulder pain

Palpation:

- Upper neck (suboccipital) tenderness Lower neck/upper trapezius tenderness
 Mid-neck tenderness Scapular tenderness

Note: Findings concerning for myelopathy are marked with an asterisk (*). See Neck Pain CPM.



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Red Flag Evaluation and Response

Suspected condition and signs	Labs	Imaging	Referral
Radiculopathy/upper motor neuron changes: gait disturbance, balance difficulties, weakness, loss of coordination, sphincter dysfunction, hyperreflexia, Babinski sign, clonus, spasticity in the upper and lower extremities, hand coordination, fine motor skills diminished, upper motor neuron changes, associated radicular symptoms, nonspecific urinary complaints		<ul style="list-style-type: none"> MRI* (preferred) CT scan 	URGENT referral to ortho/neuro spine surgeon (Babinski and clonus increase urgency)
Recent trauma with suspected cervical spine fracture or dislocation		<ul style="list-style-type: none"> CT scan (more sensitive than x-rays) Standard 3-view x-ray 	URGENT referral to ortho/neuro spine surgeon
Suspected cancer: A prior history of malignancy, history of cancer, multiple cancer risk factors, or strong clinical suspicion/constitutional symptoms	CBC, ESR, CRP	<ul style="list-style-type: none"> X-ray (evaluate in context with ESR) MRI of the neck (T1, T2) w/gadolinium 	URGENT referral to oncologist after work-up (or consider oncology consult)
Suspected infection or neoplasm: fever, weight loss, night sweats, other systemic symptoms, immunocompromised patient, UTI, IV drug use, recent spinal procedure, fever/chills in addition to pain with rest or at night, or intravenous drug use/chronic steroid use	CBC, ESR, CRP	<ul style="list-style-type: none"> Consider MRI* with gadolinium or bone scan 	
Suspected rheumatic causes: morning stiffness that improves over the course of the day, redness/swelling in joints, joint deformation, extended morning stiffness, recent history (within 6 months) of chlamydia, etc.	CBC, ESR, CRP, RF, anti-CCP, HLA, B27	<ul style="list-style-type: none"> Consider MRI* with gadolinium or bone scan 	Referral to rheumatologist
Rheumatoid arthritis: aching and morning stiffness in the shoulders, hip girdle, and neck	CBC, ESR, CRP, RF, anti-CCP, HLA, B27		Referral to rheumatologist
Down's Syndrome		<ul style="list-style-type: none"> Cervical spine x-ray with flexion/extension 	
* To reduce the need for a repeat MRI, ensure that the imaging center uses a 1.5 tesla magnet. Large bore and standard MRIs usually provide better image quality than open MRIs. Order sedation if necessary to get a high-quality MRI.			

Radiculopathy

Consider early referral to nonsurgical spine specialist for patients with radiculopathy. Patients with signs of radiculopathy may also need more frequent evaluation and follow-up. Signs of radiculopathy include:

- Motor deficit
- Reflex deficit
- Sensory deficit
- Positive dural tension signs
- Reduction of pain with shoulder abduction and external rotation maneuvers



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