

Place label here

Equine Neurologic Exam

Date:

History (primary complaint, duration, progression, etc.):

Tremor:

Mental State:

Cranial Nerves

Olfactory - _____

Facial (motor) - palpebral L_____ R_____
 ear move. L_____ R_____
 paralysis L_____ R_____

Optic - L_____ R_____

Oculomotor:

pupil size L_____ R_____
 pupil sum. L_____ R_____
 direct L_____ R_____
 consensual L_____ R_____

Vestibulochlea- deafness L_____ R_____
 head tilt L_____ R_____
 nystagmus _____

Glossopharyngeal – swallowing _____

Trochlear – strabismus OD _____ OS _____

Vagus - _____

Trigeminal – sensory _____

Accessory - _____

Abducens – strabismus _____

Hypoglossal - _____

Symmetry of Neck/Body:

Manipulation of the neck – L _____ R _____
 Up _____ Down _____

Gait & Posture (Graded 0 to +4)

	Weakness	Ataxia	Spasticity	Dysmetry
LF				
RF				
LR				
RR				

Description of Gait:

Circling – Large L _____
R _____
Small L _____
R _____

Backing - _____

Up/Down and incline _____

Elevation of head _____

Proprioception LF _____ RF _____
LR _____ RR _____

Sway reaction Fore _____
Rear _____
Tail Pull _____

Autonomic Urinary _____
Rectal _____
Sweating _____

Cutaneous Sensation:

Comments:

Lesion Localization:

Tentative Dx:

Clinician's Signature _____ Student's Signature _____