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Neurological Assessment
Provider Course

Overview
The Neurological Assessment course is designed as lay-provider training in which participants learn to perform a basic neurological examination as part of the initial first-aid care.

The individual skills are outlined for easy delivery based on the skill presentation outline from the CORE Instructor Manual. This includes skill objectives, rationale and key points. Key points to be addressed during each skill are referenced in the Talk Through Demonstration Skill Description and then itemized at the end of each skill to facilitate the debriefing after the skill practice.

Scenarios included in each skill are suggestions only and may be altered to more closely reflect the environment in the location where the course is being conducted.

The time needed to teach the course varies and depends on many factors, including the number of students and their ability to process the educational components of the program. Instructors who want to include subjects or training beyond the course requirements may do so only before or following the course. Any additional training must not be required for completion of course requirements.

Standards and Procedures
This Instructor Guide is for instructors who are authorized to conduct the Neurological Assessment provider course. It is to be used in conjunction with the General Standards and Procedures section found in the Instructor Manual.

This course is intended for anyone who might come in contact with individuals exhibiting neurological symptoms regardless of possible causes. It is written to meet the 2015 American Heart Association Guidelines Update for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care.
Standards Summary

Course prerequisites: None

Age: No minimum age requirement

Student-to-instructor ratio: 12:1 during skill-development sessions

Recommended classroom hours: Two (2) hours
  • Review Question Discussion = 0.5 hour
  • Skill development (practice) = 1.5 hours

Required student materials:
  • Neurological Assessment Student Handbook
  • Neurological Assessment slate
  • Pencil or other nonpermanent/no-smear writing implement

Required instructor materials:
  • Core Instructor Manual
  • Neurological Assessment Instructor Guide
  • Reference copy of the Neurological Assessment Student Handbook
  • Neurological Assessment slate

Required audiovisual materials:
  • Neurological Assessment Online Module
    o To be completed by students before attending class session

Final assessment:
  • A minimum score of 80 percent (16 Correct) on the final written assessment is required for certification.

    The instructor must review with each participant any missed questions on the assessment or any information that is unclear to ensure 100 percent understanding of the material.

Retraining required: Every 24 months
Curriculum Subject Areas and Objectives

Students participating in this course will be able to answer the following questions at the end of the knowledge-development section:

- **Nervous System Overview**
  - What are the primary components of the nervous system?
  - What is the functional unit of the nervous system?
  - What are possible causes of interruptions along neural pathways?

- **Stroke**
  - What are the two kinds of stroke?
  - How do strokes manifest?
  - What is the leading cause of long-term disability?
  - How does prompt medical intervention affect injury and disability from a stroke?
  - What are the signs and symptoms of stroke?
  - What does the mnemonic FAST mean?

- **Decompression Illness**
  - What two conditions compose decompression illness (DCI)?
  - What are the most common signs and symptoms of DCI?

- **Conducting a Neurological Assessment**
  - When should an emergency assistance plan be activated if you suspect a neurological injury?
  - What are the basic areas of a neurological assessment?
  - What functions are evaluated in the “mental function” part of the neurological assessment?
  - What functions are evaluated in the “cranial nerves” section of the neurological assessment?
  - How do motor-function deficits manifest?
  - How are balance and coordination evaluated?
Provider Skill Objectives

Students who have participated in the skill-development portion of this course will be able to perform the following skills:

1. FAST Assessment
   - Conduct a FAST assessment on a simulated ill person suspected of having a neurological impairment.

2. Taking a History
   - Interview a person in a simulated scenario utilizing the SAMPLE mnemonic to identify previous medical history and determine where he might have acute problems or feel discomfort.
   - Record findings in a usable format.

3. Taking Vital Signs
   - Demonstrate the proper technique to determine a person’s pulse rate and breaths per minute, counting each for 30 seconds then multiplying by two.

4. Mental Function
   - Determine an individual’s level of consciousness in a scenario with a simulated injury.
   - Using interview techniques, assess an individual’s
     - speech and language abilities
     - orientation to person, place, time and event
     - short-term memory
   - Assess an individual’s ability to do calculations utilizing a standardized protocol.

5. Cranial Nerves
   - Assess control of eyes and facial muscles utilizing simple commands.
   - Assess an individual’s ability to hear by rubbing or snapping fingers 1 foot/30 cm from the ear.

6. Motor Function (Strength)
   - Assess strength of muscle groups using muscle isolation and resistance.
7. Coordination and Balance
   o Assess an individual’s coordination by using a finger-nose-finger exercise.
   o Determine the presence of functional balance using a straight walk and a Romberg test.
Skill: FAST Assessment

Required Equipment:
1. Neurological Assessment slate
2. Pencil
3. Chair for simulated ill person.

Objective:
Conduct a FAST assessment on a simulated ill person suspected of having a neurological impairment.

Rationale:
Rapid intervention for neurological illnesses increases the chance of recovery. By first performing the FAST assessment, EMS can be activated and on the way while additional information is being gathered.

Conduct Real Time Demonstration.

Talk Through Demonstration Skill Description:
Have the person remain seated during the assessment.

F  Ask the individual to smile, and observe his face for asymmetry. Is one side drooping? Is the smile equal on both sides?

A  Ask the individual to extend and raise both arms straight out in front. Can the individual raise both arms? If so, do both arms remain up, or does one drift down?

S  Ask the individual to repeat a simple phrase. Are all the words clear? Is there any slurring? Is the speech garbled?

T  If any abnormal signs are present, call 911 or your local EMS number immediately. Time is of the essence.

Set up practice groups, and provide scenario.

An older neighbor has dropped by to thank you for helping him earlier in the week with a yard project. Suddenly he looks confused and scared. When you ask if something is wrong, he just looks at you but does not respond.

Instructor: What should you suspect, and what action should you take?
Students: Possibly a stroke. Conduct a FAST assessment. Call EMS.
Debrief skill.

**FAST Assessment Key Points:**

1. Use the mnemonic FAST to go through the assessment steps.
2. Time is critical, so the FAST exam is a rapid assessment that confirms the need to activate EMS.
Skill: Taking a History

Required Equipment:
1. Neurological Assessment slate
2. Pencil

Objectives:
1. Interview a person in a simulated scenario using the SAMPLE mnemonic to identify previous medical history, and determine where he might have acute problems or feel discomfort.
2. Record findings in a usable format.

Rationale:
An important step in performing a neurological assessment is to determine as clearly as possible any conditions that may have been present before the incident or injury. Without this information, signs and symptoms may be inappropriately associated with the current event. Weakness in one arm or leg, for example, may actually be related to a previous injury.

Conduct Real Time Demonstration.

Teaching Tip:
If using an assistant, discuss with him in advance how to conduct this skill demonstration, and develop the scenario details.

Talk Through Demonstration Skill Description:
Interview a simulated injured individual using open-ended questions to identify any preexisting conditions that may influence any neurological findings.

Use the SAMPLE mnemonic to conduct the interview.

- **S** Signs/symptoms
- **A** Allergies
- **M** Medications
- **P** Pertinent medical history
- **L** Last oral intake
- **E** Events leading to the current situation

Record findings in a usable manner on the Neurological Assessment slate.
Set up practice groups, and provide scenario.

Your neighbor is finally speaking and answering questions but does not feel well. The FAST assessment showed some slight deficits but did not show any clear problem. You have called EMS but will have a short wait before they get there.

**Instructor:** What can you do while you are waiting?
**Students:** Interview your neighbor using SAMPLE.

**Debrief skill.**

**Taking a History Key Points:**
1. Utilize SAMPLE to conduct the interview to avoid missing key elements.
   - Ask open-ended questions to avoid leading the individual to give answers that may not reflect his actual condition
2. Record your findings where indicated on the Neurological Assessment slate so they can be referred to later, possibly by health care providers.
Skill: Taking Vital Signs

Required Equipment:
1. Neurological Assessment slate
2. Pencil

Objective:
Demonstrate the proper technique to determine a person’s pulse rate and breaths per minute, counting each for 30 seconds, then multiplying by two.

Rationale:
Determining basic vital signs is the first step in a neurological assessment. Vital signs should be monitored periodically until EMS arrives.

Conduct Real Time Demonstration.

Talk Through Demonstration Skill Description:
1. To take a pulse:
   - Ask permission to touch the individual so you may take his pulse.
   - Locate the groove on the inside of the wrist between the bone and tendon at the base of the thumb.
   - Place the fingertips of one hand into the groove. (Do not use your thumb.)
   - Use light pressure to feel the heartbeat via the pulse.
   - Count for 30 seconds, then multiply by 2 for beats per minute (heart rate).

2. To determine the respiration rate:
   - Continue to hold the injured person’s wrist as if you are still taking a pulse so he will not alter his breathing pattern.
   - Observe the chest rise and fall, or watch abdominal movement with breathing.
   - Count for 30 seconds, then multiply by 2 for breaths per minute.
     o Avoid staring at the injured person’s chest, especially if the person is female, while observing respirations.

3. Record your findings on the Neurological Assessment slate.
Set up practice groups, and provide scenario.

You have used SAMPLE to guide questions to your neighbor. You have not yet checked his pulse and respirations.

**Instructor:** What is the next step?
**Students:** Take his pulse, and determine the respiration rate.

**Debrief skill.**

**Taking Vital Signs Key Points:**

1. Ask permission to touch the individual, explaining you are going to take his pulse.
2. To take a pulse, use your fingertips. The thumb will provide false information because it has a strong pulse itself.
3. While counting respirations, avoid staring at the person’s chest (especially with females).
4. Count both pulse and respirations for 30 seconds, then multiply by two.

**Teaching Tips:**

*To take a pulse, sometimes it helps to have the injured person bend his wrist slightly. It is difficult to feel a pulse on some individuals, so if students are unable to find a pulse, have them practice on other students. Encourage them to practice on family and friends at home.*

*For counting respirations, hold the injured person’s wrist against his stomach as an aid in detecting breathing action.*

*Determining actual pulse and respiration is not critical. Recognizing whether an individual is in distress, however, is critical so interventions can be utilized if necessary. Sometimes it is useful to take vital signs before getting an individual’s history. The order for these two skills is not critical.*
**Skill: Mental Function**

**Required Equipment:**
1. Neurological Assessment slate
2. Pencil

**Objectives:**
1. Determine an individual’s level of consciousness in a scenario with a simulated injury.
2. Using interview techniques, assess an individual’s
   a. speech and language abilities
   b. orientation to person, place, time and event
   c. short-term memory
3. Assess an individual’s ability to do calculations using a standardized protocol.

**Rationale:**
Fortunately, most injured individuals exhibit normal mental function. Even if the individual appears normal, however, do not omit these questions, because they may reveal confusion that could indicate a serious problem.

**Conduct Real Time Demonstration.**

**Talk Through Demonstration Skill Description:**
1. Level of consciousness
   - While taking the person’s history, you should have noticed the individual’s responsiveness. Continue **this observation throughout the assessment, and immediately note any changes** in responsiveness and the time the change occurred. On the Neurological Assessment slate, indicate the level of consciousness as follows:
   - **A** – Alert
   - **V** – Responds to verbal stimuli
   - **P** – Responds to painful stimuli
   - **U** – Unresponsive
2. Orientation to person, place, time and event
   - Ask the injured person to state his name, where he is, the day/date, the approximate time and if he knows what happened.
3. Speech and language
   - Ask the injured person to follow a command such as “close your eyes and stick out your tongue.”
   - Ask the person to repeat a simple phrase such as “no ifs, ands, or buts.”
   - Point out three easily identifiable, common objects, and ask the individual to name them (e.g., pencil, glass, coat).

4. Abstract reasoning
   - Ask the injured person to explain how two things are related (e.g., cat and mouse, father and son; school and classroom).

5. Calculations
   - Ask the person to count backward from 100 by sevens.
   - Calculations do not have to be exact, but they should be consistent in pattern without loss of focus on task.
   - Alternately, if the person’s phone number is known, have them repeat it backwards.

6. Short-term memory
   - Ask the person to name the three objects he identified earlier.
   - Perform this evaluation last.

Note your findings as you progress through each section.

Any inability to complete a task — whether due to the individual’s impairment or the environment — should also be noted on the slate.

Always treat an injured person (as well as his family or friends) with compassion and respect.

Set up practice groups, and provide scenario.

While waiting on EMS, your neighbor continues to seem confused about some things.

Instructor: What else can you do while waiting on EMS?
Students: Complete a mental function assessment.

Debrief skill.
Mental Function Key Points:

1. Level of consciousness can be assessed any time you are interacting with the injured person.

2. Objects selected for identification and recall should be simple, common items.

3. Calculations do not have to be exact. Evaluate if the person can follow a steady pattern or if he is skipping around or forgetting what he is doing.

4. Conduct the recall of objects identified after all other mental function tasks have been completed.

5. Remember to note findings on the slate as you complete each task rather than depending on your own memory.

6. Treat the injured person gently and with empathy if he has difficulty with any portion of the assessment.
Notes:
Skill: Cranial Nerves

Required Equipment:
1. Neurological Assessment slate
2. Pencil

Objectives:
1. Assess control of eyes and facial muscles utilizing simple commands.
2. Assess an individual’s ability to hear by rubbing or snapping fingers 1 foot (30 cm) from the ear.

Rationale:
Neurological injuries can manifest in a number of ways. Some are very subtle and must be evaluated. Injuries affecting the cranial nerves are serious and must be treated immediately.

Conduct Real Time Demonstration.

Talk Through Demonstration Skill Description:
1. Eye control
   - Hold your finger about 3 feet (1 meter) in front of the injured person’s face. Instruct him to hold his head still and to follow your finger by moving only his eyes.
   - Move your finger up and down as well as left and right at a moderate pace.
   - Note any direction in which the eyes do not track or track together.

2. Facial control
   - Ask the injured person to close his eyes and smile. Movement and skin creases should be equal on both sides. (This action is a repeat of the F step in the FAST assessment.)
   - Note asymmetry.
3. Hearing

- **Hold your hand about 1 foot (.3 meters) away from the injured person’s ears.**
- Snap or rub your fingers together at each ear individually. Have the person identify with which ear he is hearing the sound and if it is equal on both sides.
  - Standing behind the injured person when possible eliminates cues that may influence his answers.
- This test may be difficult or impractical in a noisy environment such as a moving boat. **If you are unable to perform the test, note your reason on the slate.**

*Set up practice groups, and provide scenario.*

Your neighbor is calm but still a little confused.

**Instructor:** What is the next step?
**Students:** Assess cranial nerves.

*Debrief skill.*

**Cranial Nerves Key Points:**
1. Hold your finger about 3 feet from the individual’s face to assess eye movement.
   - Keep motions at a moderate pace when checking eye control.
2. Snap or rub your fingers about 1 foot from the individual’s ears.
3. Note all findings as you progress through the assessment.
4. Note any areas that were not completed and why.
**Skill: Motor Function (Strength)**

**Required Equipment:**
1. Neurological Assessment slate
2. Pencil

**Objective:**
1. Assess strength of muscle groups using muscle isolation and resistance.

**Rationale:**
Neurological injuries affecting the spinal cord can manifest as weakness or paralysis in the extremities.

**Conduct Real Time Demonstration.**

**Talk Through Demonstration Skill Description:**

Remember to **ask for permission to touch the person.** Advise him you will be providing resistance for different muscle groups as you go through the assessment.

Each group of **muscles must be isolated and assessed independently.** Use your hand to provide resistance while both pushing and pulling for most muscle groups.

Note the strength of each side (left and right). Comparing one side to the other may help determine the presence of weakness, **but remember the dominant side will naturally have some increased strength** for most people.

Record muscle strength as normal, weak or paralysis.

**Make notations as you finish each muscle group rather than waiting until you have evaluated all groups.**

1. Shoulders
   - Have the injured person bring his arms up to shoulder level with his hands not quite together in front of his chest.
   - Hands should not touch.
   - Instruct the individual to push up against your hands as you push down on his elbows then as you push up from underneath the elbows.
2. Biceps and triceps
   - Ask the injured person to curl up his arms so his hands are in front of him.
   - Testing one arm at a time, support the person’s elbow with one hand, and then both push and pull against his hand with your other hand.
   - Instruct the individual to resist your pressure as you push and pull.

3. Finger spread
   - Have the injured person spread apart his fingers.
     - Ask him to keep his fingers apart as you try to gently squeeze them together.
     - Squeeze two fingers at a time (i.e., first finger and middle finger, middle finger and ring finger, ring finger and little finger).
     - You can test both hands simultaneously.

4. Grip strength
   - Have the injured person grasp your extended first and middle fingers together with his hands.
     - Ask him to squeeze firmly but not hard.
     - You can test both hands simultaneously.

5. Hip flexors
   - Have the injured person lift one leg so his foot is off the ground.
     - Repeat for the other side.

6. Hamstrings and quadriceps
   - Place one of your hands underneath the knee of his leg to support the foot off the ground.
   - Use the other hand to provide resistance to the calf just above the ankle.
   - Have the individual press against your hand at the ankle while you provide resistance.
• Test each leg with resistance from both the front of the leg and behind the leg just above the ankle.

Feet
• Place your hand under the individual’s foot. Ask him to press down against your hand.
• Place your hand on top of the foot, and ask him to press up against your hand.
• Repeat on the other foot.

*Set up practice groups, and provide scenario.*

**SCENARIO**

Your neighbor is doing OK, but you still have some concerns.

**Instructor:** What is the next step?

**Students:** Evaluate motor function/strength.

*Debrief skill.*

**Motor Function Key Points:**

1. Ask permission to touch the person and explain that you will be providing resistance.
2. Isolating the muscle groups prevents the injured person from using other muscle groups to conceal a weakness.
3. Remember that for most people one side will be stronger than the other.
4. Mark the slate as you complete each muscle group to ensure accuracy of your notations.
Skill: Coordination and Balance

Required Equipment:
1. Neurological Assessment slate
2. Pencil

Objectives:
1. Assess an individual’s coordination with a finger-nose-finger exercise.
2. Determine the presence of functional balance by using a straight walk and a Romberg test.

Rationale:
Neurological injuries can affect the inner ear and the brain in ways that impair coordination and may make it difficult to stand, balance or walk. These tests will help determine if those areas have been affected.

Conduct Real Time Demonstration.

Talk Through Demonstration Skill Description:
1. Finger-nose-finger exercise
   - The individual should be seated.
   - Hold your finger about 18 inches (45 centimeters) from the injured person’s face.
   - Have him touch your finger with the index finger of one hand and then touch his nose. Repeat this action several times.
   - Ask the individual to close his eyes and continue moving his finger between your finger and his nose.
   - Repeat the sequence with the other hand.
   - Minor differences between the left and right sides are normal. Note any significant variations.

2. Walking
   - Ask the individual to look straight ahead and walk about 10 feet (3 meters).
   - Stay close beside the individual, and be prepared to provide support should he lose his balance. Note if movements are uneven and/or require support.

Teaching Tip:
Intention is only to assess. If an individual is unable to complete the coordination assessment or if other signs are evident that make walking questionable, skip this assessment and note the reason on the slate.
3. Romberg
   - If the individual was able to walk smoothly and without assistance and you are in a stable environment (not on a boat), complete the Romberg test.
   - Have the individual stand with his feet together and arms raised out to the side.
   - Ask him to close his eyes and remain in that position for 60 seconds.
   - Be prepared to support or catch him if he shows signs of falling.

**Teaching Tip:**
The Sharpened Romberg is not a required skill. If you or a student volunteer would like to demonstrate it, provide close assistance in case the individual loses his balance. Wobbling during this assessment is normal, even for neurologically normal individuals. Don’t allow the wobbling to progress to falling.

**Set up practice groups, and provide scenario.**

EMS has not arrived but should be there any minute now. Your neighbor is getting restless and wants to get up.

**Instructor:** What can you do?
**Students:** Do a coordination assessment, and then walk across the room and back with him.

**Debrief skill.**

**Coordination and Balance Key Points:**
1. Perform the finger-nose-finger test with the individual seated.
   - a. Hold your finger about 18 inches from the individual’s face.
   - b. Conduct the test using each hand with eyes both opened and closed.
2. Stay close to the individual while he is walking, and be prepared to provide assistance.
   - a. If he starts to should fall, assist him gently to the floor. Do not try to catch him because it may cause injury to one or both of you.
Neurological Assessment Final Assessment

The following questions have only one correct answer.

1. The brain, spinal cord and nerves make up the
   a. circulatory system
   b. respiratory system
   c. nervous system
   d. skeletal system

2. Stroke symptoms include
   a. inability to speak or understand
   b. visual disturbances
   c. sudden loss of motor function
   d. all of the above

3. Stroke is the number one cause of long-term disability.
   a. True
   b. False

4. FAST stands for
   a. facts, attitude, sensitivity, talent
   b. face, arms, speech, time
   c. feet, arms, spine, toes
   d. face, ankles, stability, touch

5. FAST is a quick assessment to determine if a neurological injury is a possibility. If any portion of the assessment shows deficits, call EMS immediately.
   a. True
   b. False

6. Decompression illness includes both arterial gas embolism and decompression sickness.
   a. True
   b. False

7. Common warning signs of decompression illness include
   a. pain, numbness and tingling
   b. dizziness and vertigo
   c. fatigue
   d. all of the above
8. Which one of the following is not an area evaluated as part of a neurological assessment?
   a. mental function
   b. coordination
   c. cranial nerves
   d. skin sensation

9. In the neurological assessment, the tests to assess mental function include
   a. coordination and flexibility
   b. memory and speech
   c. SAT scores
   d. cranial nerves

10. Testing an injured person’s motor function includes providing pressure that he must resist and evaluating if there is a difference in strength from one side to the other.
    a. True
    b. False

11. Motor functions may be classified as normal, evidence of weakness, or paralysis.
    a. True
    b. False

12. Taking a history helps determine if signs and symptoms present may be due to a previous injury or illness.
    a. True
    b. False

13. If the injury may be related to a scuba diving incident, you need to document
    a. all dives for 24 hours before the injury
    b. symptom onset time
    c. preexisting conditions
    d. all of the above

14. Conducting a neurological assessment may convince an injured individual of the need for oxygen first aid.
    a. True
    b. False
15. Testing an injured person’s mental function includes asking the individual to count backward from 100 by _____.
   a. 2
   b. 3
   c. 7
   d. 9

16. Tests of an injured person’s cranial nerves include
   a. eye control
   b. facial control
   c. hearing
   d. all of the above

17. The neurological assessment should be repeated every ______ minutes, barring evident changes in the individual’s condition.
   a. 15
   b. 30
   c. 60
   d. never

18. Neurological symptoms tend to be fixed when they develop and never change until definitive treatment is initiated.
   a. True
   b. False

19. Information gathered during a neurological assessment helps an individual’s physician understand the extent of the injury and determine how it has changed over time.
   a. True
   b. False

20. Retraining as a Neurological Assessment provider is required every 36 months.
   a. True
   b. False
Neurological Assessment Answer Sheet

The final assessment may be administered in written or oral form. The instructor must review every question with each student to ensure 100 percent comprehension of the materials. Questions have only one correct answer.

I have reviewed this assessment with the course instructor, and I understand the correct response as indicated by my initials. Any questions regarding this assessment and the contents of this course have been answered to my satisfaction.

_______________________________________     ____________________
Student Signature                          Date
Practical Evaluation Record

Neurological Assessment
(The instructor will retain the answer sheet and Practical Evaluation Record for seven years.)

Student Name ___________________________________________________

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<thead>
<tr>
<th>Provider Skills Development</th>
<th>Instructor Initials</th>
<th>Student Initials</th>
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<td>• FAST Assessment</td>
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I am comfortable with my skills performance as a Neurological Assessment provider.

I have reviewed this assessment with the course instructor. Any questions regarding this assessment and the contents of this course have been answered to my satisfaction.

Student Signature ______________________________ Date _____________
Neurological Assessment Answer Key

The final assessment may be administered in written or oral form. The instructor must review every question with each student to ensure 100 percent comprehension of the materials. Questions have only one correct answer.

I have reviewed this assessment with the course instructor, and I understand the correct response as indicated by my initials. Any questions regarding this assessment and the contents of this course have been answered to my satisfaction.

__________________________  ____________________
Student Signature             Date
Quick Reference Chart

1. Student completion of *Neurological Assessment* online module before attending class.

2. Introductions and Registration (if not completed previously)
   a. Course registration forms
   b. Statement of Understanding

3. Review Question Discussion

4. Skills Development Session
   a. FAST Assessment
   b. Taking a History
   c. Taking Vital Signs
   d. Mental Function
   e. Cranial Nerves
   f. Motor Function (Strength)
   g. Coordination and Balance

5. Final Assessment and Review

6. Approve successful course participants via the eLearning platform under *My Students*.

7. Remind students to download their completion card through their eLearning account when they receive their email notification and to complete the online feedback survey (link included in email).

8. Provide additional time for knowledge and skill remediation for individuals who require additional practice.