ACTIVITY PERFORMA FOR PROCEDURE 5

(use Xerox copy for Repeat/Remedial attempts)

Subject's name: Date:

Age:

Gender: Male/Female

Occupation:

Higher Functions Assessment

1. Level of consciousness of subject: Alert/Semi-conscious/Unconscious
2. General appearance: Normal/Abnormal
3. Behaviour: Cooperative/Uncooperative
4. Emotional state: Normal/Agitated/Depressed/Other
5. Orientation to time, place and person: Well-oriented/Disoriented
6. Any illusion/delusion/hallucination: Yes/No

   (*Describe if present*)
7. Memory (recent and past events): Normal/Abnormal
8. Intelligence: Normal/Subnormal
9. Speech: Normal/Abnormal

   (*Describe the type of abnormality, if present*)
10. Handedness: Left handed/Right handed

Result/Interpretation:

Signature of student **Signature of teacher**

ASSESSMENT CARD FOR PROCEDURE 5*

Type of Attempt *(please tick)*: **First/Repeat 1/Repeat 2/Remedial**
(use Xerox copy for Repeat/Remedial attempts)

Sr. No.	*Attributes to be assessed*	*Score (1–5)**
i.	Behavioural skill	
ii.	Communication skill	
iii.	Confidence level	
iv.	Procedural skill	
v.	Knowledge level	
	Cumulative total (out of 25)	

***Note:** The teacher may decide the score as given below:

Below average	*Average*	*Good*	*Very good*	*Excellent*
1	2	3	4	5

Grading of candidate (please tick): **B / M / E**

Cumulative total	*Grading*
9 or less	Below Expectations (B)
10–19	Meets Expectations (M)
20 and above	Exceeds Expectations (E)

Teacher's feedback:

Signature of teacher (with date)

PROCEDURE 6

AIM: PY 10.11 Demonstrate the correct clinical examination of sensory system in a normal volunteer or simulated environment.

Number of times this skill needs to be done to be certified for independent performance = 01.

Checklist for procedure		
Sr.No.	*Steps to be performed sequentially*	*Performed (Y/N)*
i.	Stands on the right side of the subject and explains the procedure very clearly in subject's own language.	
ii.	Asks the subject to keep his/her eyes closed throughout the test and turn his/her face towards the opposite side.	
iii.	Performs tests for dorsal column sensations. a. Pressure sensation b. Fine touch c. Proprioception d. Tactile localisation e. Tactile discrimination f. Vibration	
iv.	Performs tests for anterolateral spinothalamic tract sensations. a. Crude touch b. Superficial pain c. Temperature	
v.	Performs tests for synthetic sensations. a. Stereognosis b. Graphesthesia	
vi.	Compares the findings on both sides and records them in a proper format.	

ACTIVITY PERFORMA FOR PROCEDURE 6

(use Xerox copy for Repeat/Remedial attempts)

Subject's name: Date:

Age:

Gender: Male/Female

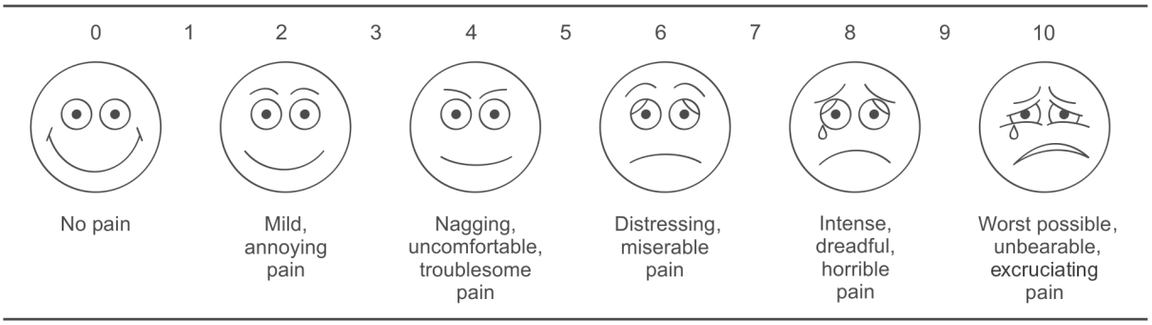
Sensory System Assessment

Sensations	*Left side*	*Right side*
Dorsal column sensations (perceived/not perceived)		
Pressure		
Fine touch		
Proprioception		
Tactile localisation		
Two-point discrimination		
Vibration		
Anterolateral spinothalamic tract sensations		
Crude touch		
Pain (provide VAS grading)*		
Temperature		
Synthetic sensations		
Stereognosis		
Graphasthesia		

Result/Interpretation:

Signature of student **Signature of teacher**

*The grading of pain perception should be done as per Visual Analog Scale (VAS). The subject is asked to point out a number to indicate the intensity of pain felt from the scale below:



Source: https://operativeneurosurgery.com/doku.php?id=visual_analog_scale

ASSESSMENT CARD FOR PROCEDURE 6*

Type of Attempt *(please tick)*: **First/Repeat 1/Repeat 2/Remedial**
(use Xerox copy for Repeat/Remedial attempts)

Sr. No.	*Attributes to be assessed*	*Score (1–5)**
i.	Behavioural skill	
ii.	Communication skill	
iii.	Confidence level	
iv.	Procedural skill	
v.	Knowledge level	
	Cumulative total (out of 25)	

***Note:** The teacher may decide the score as given below:

Below average	*Average*	*Good*	*Very good*	*Excellent*
1	2	3	4	5

Grading of candidate (please tick): **B / M / E**

Cumulative total	*Grading*
9 or less	Below Expectations (B)
10–19	Meets Expectations (M)
20 and above	Exceeds Expectations (E)

Teacher's feedback:

Signature of teacher (with date)

PROCEDURE 7

AIM: PY 10.11 Demonstrate the correct clinical examination of motor system in a normal volunteer or simulated environment.

Number of times this skill needs to be done to be certified for independent performance = 01.

Checklist for procedure		
Sr. No.	*Steps to be performed sequentially*	*Performed (Y/N)*
i.	Stands on the right side of the subject and explains the procedure very clearly in subject's own language.	
ii.	Asks the subject to expose the limb which is to be examined.	
iii.	Notes the bulk of muscles a. Looks for any obvious sign of muscle wasting or hypertrophy b. Records the mid-arm, mid-thigh and mid-calf circumferences using a measuring tape.	
iv.	Assesses the muscle tone a. In upper limbs b. In lower limbs	
v.	Assesses and grades the strength (power) of muscles a. In upper limbs b. In lower limbs	
vi.	Observes the presence of any involuntary movements.	
vii.	Asks the subject to walk and observes his gait.	
viii.	Compares the observations of upper and lower limbs on both sides and records the findings in proper format.	

ACTIVITY PERFORMA FOR PROCEDURE 7

(use Xerox copy for Repeat/Remedial attempts)

Subject's name: Date:

Age:

Gender: Male/Female

Motor System Examination

Characteristic	*Left side*	*Right side*
1. Bulk of muscle		
Muscle wasting/hypertrophy (Y/N)	Upper limb _____ Upper limb _____	Lower limb _____ Lower limb _____
Upper and lower limb circumference		
a. Mid-arm level	Centimeters	Centimeters
b. Mid-thigh level	Centimeters	Centimeters
c. Mid-calf level	Centimeters	Centimeters
2. Muscle tone (normal/hypotonia/hypertonia)		
a. Upper limbs		
b. Lower limbs		
3. Power of muscles (provide grades)*		
a. Hand		
b. Shoulder and arm		
c. Hip and thigh		
d. Leg		
4. Any involuntary movements (Y/N)		
5. Gait of the subject (write Y/N)		
a. Does the subject require support while walking?		
b. Can the subject walk in a straight line without bending sideways?		
c. Can the subject quickly turn around by 180° without losing balance?		
d. Is there any obvious defect in subject's gait?		

Result/Interpretation

1. Bulk of muscle

2. Muscle tone

3. Power of muscles

4. Gait

5. Overall remarks

Signature of student **Signature of teacher**

* Gradation of muscle power may be done as per Medical Research Council (MRC) scale for muscle strength as follows:

Grade	*Description*
Grade 0	Complete paralysis.
Grade 1	No movements are possible, only a flicker of contraction is present.
Grade 2	Muscle power can be detected only when effect of gravity is removed by making appropriate postural adjustments.
Grade 3	The limb can be held against gravity but not against passive resistance applied by examiner.
Grade 4	Movements are possible against examiner's resistance; but are weak.
Grade 5	Normal muscle power both against gravity and against examiner's resistance.

Source: http://medicalcriteria.com/web/neuromrc/

ASSESSMENT CARD FOR PROCEDURE 7*

Type of Attempt *(please tick)*: **First/Repeat 1/Repeat 2/Remedial**
(use Xerox copy for Repeat/Remedial attempts)

Sr. No.	*Attributes to be assessed*	*Score (1–5)**
i.	Behavioural skill	
ii.	Communication skill	
iii.	Confidence level	
iv.	Procedural skill	
v.	Knowledge level	
	Cumulative total (out of 25)	

***Note:** The teacher may decide the score as given below:

Below average	*Average*	*Good*	*Very good*	*Excellent*
1	2	3	4	5

Grading of candidate (please tick): **B / M / E**

Cumulative total	*Grading*
9 or less	Below Expectations (B)
10–19	Meets Expectations (M)
20 and above	Exceeds Expectations (E)

Teacher's feedback:

_____

_____

_____

_____

_____

Signature of teacher (with date)

PROCEDURE 8

AIM: PY 10.11 Demonstrate the correct clinical examination of reflexes in a normal volunteer or simulated environment.

Number of times this skill needs to be done to be certified for independent performance = 01.

Checklist for procedure		
Sr. No.	*Steps to be performed sequentially*	*Performed (Y/N)*
i.	Stands on the right side of the subject and explains the procedure very clearly in subject's own language.	
ii.	Asks the subject to relax and sit or lie down and expose the upper/lower limbs and also ensures that the subject is not looking at the procedure.	
iii.	Correctly elicits BICEPS REFLEX (sitting position) a. Flexes the subject's elbow at 90°, semi-pronates his forearm and supports the arm. b. Places his own thumb on subject's biceps tendon and strikes it and observes for contraction of biceps and flexion of elbow.	
iv.	Correctly elicits TRICEPS REFLEX (sitting position) a. Flexes the subject's elbow at 90° and provides support to subject's forearm. b. Strikes the triceps tendon just directly above the olecranon and observes for contraction of triceps and extension of elbow.	
v.	Correctly elicits SUPINATOR REFLEX (sitting position) a. Holds the hand of subject firmly yet lightly as if "shaking hands" and bends the subject's hand in opposite direction to stretch the brachioradialis tendon. b. Strikes the styloid process of the radius and observes for flexion of elbow and supination of forearm	
vi.	Correctly elicits KNEE JERK (sitting position) a. Asks the subject to sit on the edge of the bed or a stool such that the legs can swing freely. b. Asks the subject to keep one knee (to be tested) on the other knee and strikes the patellar tendon and observes for contraction of quadriceps and extension of knee.	
vii.	Correctly elicits ANKLE JERK (supine position) a. Asks the subject to slightly flex and evert the leg (to be tested). b. With one hand, dorsiflexes the foot and strikes the stretched Achilles tendon with other hand and observes for contraction of calf muscles and plantar extension of foot.	
viii.	Correctly elicits JAW JERK a. Asks the subject to partly open the mouth and places his own finger firmly on subject's chin. b. Strikes the finger and observes for immediate closure of mouth (contraction of jaw elevators).	
ix.	Correctly elicits PLANTAR REFLEX (supine position) a. Partially flexes the lower limb of the subject and rotates it externally. b. With left hand grasps subject's leg above ankle and with other hand gently scratches the entire outer edge of the sole with a blunt but pointed object (e.g. tip of a key), starting from the heel and swiftly moving towards the ball of the great toe via lower edge of the metatarsals.	
x.	Asks the patient to perform Jendrassik's manoeuvre in case of non-elicitation of deep tendon reflexes.	
xi.	Compares the results on both sides and records the findings in proper format.	

Important note: This checklist may be customised as per standard protocol being followed by your institute in case the procedure for examination of certain reflexes is different from that described above.

ACTIVITY PERFORMA FOR PROCEDURE 8

(use Xerox copy for Repeat/Remedial attempts)

Subject's name: Date:

Age:

Gender: Male/Female

Reflexes Examination

Reflex	*Left side*	*Right side*
Plantar reflex (normal/absent/abnormal)		
*Deep reflexes (provide grades for each)**		
Biceps jerk		
Triceps jerk		
Supinator jerk		
Knee jerk		
Ankle jerk		
Jaw jerk		

Result/Interpretation:

Signature of student **Signature of teacher**

* Reflexes should be graded as follows:

Grade	*Written as*	*Description*
0	0	Absent
1	+	Present but weak
2	++	Normal (brisk)
3	+++	Very brisk
4	++++	Clonus

Source: *Bates' Guide to Physical Examination and History Taking*, 12th edition, pp. 758, 773.

Important note: Jendrassik's (reinforcement) manoeuvre, if performed, should be indicated by mentioning "elicited with reinforcement" alongside the grade of the reflex for which it was done.

ASSESSMENT CARD FOR PROCEDURE 8*

Type of Attempt *(please tick)*: **First/Repeat 1/Repeat 2/Remedial**
(use Xerox copy for Repeat/Remedial attempts)

Sr. No.	*Attributes to be assessed*	*Score (1–5)**
i.	Behavioural skill	
ii.	Communication skill	
iii.	Confidence level	
iv.	Procedural skill	
v.	Knowledge level	
	Cumulative total (out of 25)	

***Note:** The teacher may decide the score as given below:

Below average	*Average*	*Good*	*Very good*	*Excellent*
1	2	3	4	5

Grading of candidate (please tick): **B / M / E**

Cumulative total	*Grading*
9 or less	Below Expectations (B)
10–19	Meets Expectations (M)
20 and above	Exceeds Expectations (E)

Teacher's feedback:

Signature of teacher (with date)

PROCEDURE 9

AIM: PY 10.11 Demonstrate the correct clinical examination of cranial nerves in a normal volunteer or simulated environment.

Number of times this skill needs to be done to be certified for independent performance = 01.

Checklist for procedure		
Sr. No.	*Steps to be performed sequentially*	*Performed (Y/N)*
i.	Stands on the right side of the subject and explains the procedure very clearly in subject's own language.	
	Checklist for Cranial Nerve I	
i	Performs tests for olfaction.	
	Checklist for Cranial Nerve II	
i.	Checks for acuity of distant and near vision.	
ii.	Performs tests for colour vision.	
iii.	Checks field of vision.	
	Checklist for Cranial Nerves III, IV and VI	
i.	Checks the functioning of extraocular muscles.	
ii.	Elicits direct and indirect light reflex.	
iii.	Elicits accommodation reflex.	
	Checklist for Cranial Nerve V	
i.	Elicits corneal and conjunctival reflexes.	
ii.	Checks muscles of mastication.	
	Checklist for Cranial Nerve VII	
i.	Elicits the motor functions of facial nerve.	
ii.	Elicits the sensory (taste) function of facial nerve.	
	Checklist for Cranial Nerve VIII	
i.	Performs hearing tests.	
	Checklist for Cranial Nerves IX and X	
i.	Elicits palatal and pharyngeal reflexes.	
ii.	Checks for taste sensation on posterior 1/3rd of tongue	
iii.	Asks for history of nasal regurgitation of food from subject.	
	Checklist for Cranial Nerve XI	
i.	Asks the subject to flex his chin against resistance.	
ii.	Asks the subject to shrug his shoulders against resistance.	
	Checklist for Cranial Nerve XII	
i.	Observes for any sign of tongue atrophy and tongue deviation on protrusion	
ii.	Checks the movements of tongue.	

ACTIVITY PERFORMA FOR PROCEDURE 9

(use Xerox copy for Repeat/Remedial attempts)

Subject's name: Date:

Age:

Gender: Male/Female

Cranial Nerves (CN) Examination

(Result to be reported as normal/abnormal or present/absent as appropriate)

Tests performed	*Left side*	*Right side*
Olfactory nerve (CN I)*		
i. Smell sensitivity		
Optic nerve (CN II)*		
i. Visual acuity		
ii. Colour vision		
iii. Field of vision		
Occulomotor, trochlear and abducent nerves (CN III, IV and VI)		
i. Pupil (size, shape)		
ii. Ptosis, squint		
iii. Ocular movements		
iv. Pupillary light reflexes		
v. Accommodation reflex		
Trigeminal nerve (CN V)		
i. Corneal and conjunctival reflexes		
ii. Mandibular reflex (muscles of mastication)		
Facial nerve (CN VII)		
i. Facial appearance		
ii. Taste sensation (anterior 2/3rds of tongue)		
iii. Muscles of face		
Vestibulocochlear nerve (CN VIII): Cochlear division*		
i. Hearing tests		
Glossopharyngeal and vagus nerves (CN IX and X)		
i. Palatal and pharyngeal reflexes (CN IX and X)		
ii. Taste sensation on posterior 1/3rd of tongue (CN IX)		
iii. History of nasal regurgitation of food		

Spinal accessory nerve (CN XI)		
i. Flexion of head against resistance		
ii. Rotation of chin		
iii. Shrugging of shoulder		
Hypoglossal nerve (CN XII)		
i. Atrophy of tongue		
ii. Deviation of tongue on protrusion		
iii. Tongue movements		

Important note: OSCE assessment of cranial nerves I, II and VIII can be done concurrently while doing OSCE assessment for procedure 13 (testing of smell), procedure 10 (testing of visual acuity, colour vision and field of vision) and procedure 11 (hearing tests) respectively.

Result/Interpretation:

Signature of student **Signature of teacher**

ASSESSMENT CARD FOR PROCEDURE 9*

Type of Attempt *(please tick)*: **First/Repeat 1/Repeat 2/Remedial**
(use Xerox copy for Repeat/Remedial attempts)

Sr. No.	*Attributes to be assessed*	*Score (1–5)**
i.	Behavioural skill	
ii.	Communication skill	
iii.	Confidence level	
iv.	Procedural skill	
v.	Knowledge level	
	Cumulative total (out of 25)	

***Note:** The teacher may decide the score as given below:

Below average	*Average*	*Good*	*Very good*	*Excellent*
1	2	3	4	5

Grading of candidate (please tick): **B / M / E**

Cumulative total	*Grading*
9 or less	Below Expectations (B)
10–19	Meets Expectations (M)
20 and above	Exceeds Expectations (E)

Teacher's feedback:

_____

_____

_____

_____

Signature of teacher (with date)

PROCEDURE 10

AIM: PY 10.20 Demonstrate clinical testing of visual acuity, colour and field of vision in a normal volunteer or simulated environment.

Number of times this skill needs to be done to be certified for independent performance = 01.

Checklist for procedure		
Sr. No.	*Steps to be performed sequentially*	*Performed (Y/N)*
i.	Explains the procedure to the subject in his/her own language.	
ii.	Asks the subject to close opposite eye during the test.	
iii.	Tests the distant vision of the subject.	
	a. Chooses appropriate Snellen's charts as per literacy levels of subject (English chart/Hindi chart/ E-chart/Landolt's ring chart). b. Asks the subject to read out the alphabets while standing at a distance of 6 metres away from the chart.	
iv.	Tests the near vision of the subject.	
	a. Chooses appropriate Jaeger's charts. b. Asks the subject to read the charts from a comfortable reading distance (25 cm).	
v.	Tests the colour vision of the subject.	
	a. Keeps the Ishihara's plates 75 cm away from test eye, perpendicular to the line of sight. b. Makes the subject read out initial 21 plates.	
vi.	Performs confrontation test first for visual field.	
vii.	Charts field of vision by doing perimetry.	
viii.	Compares the result on both sides and reports the observations in proper format.	

ACTIVITY PERFORMA FOR PROCEDURE 10

(use Xerox copy for Repeat/Remedial attempts)

Subject's name: Date:

Age:

Gender: Male/Female

Does the subject use spectacles? Yes/No

If yes, then mention type and power of spectacle lenses:

Type of lens: Convex/Concave/Bifocal/Cylindrical

Power of lens: Left side = _____ Dioptres.

Right side = _____ Dioptres.

		Left eye	*Right eye*
Tests for Visual Acuity			
Distant vision*			
Near vision*			
*(*if the subject wears spectacles, it should be mentioned with the results. Example, visual acuity is 6/6 in left eye with spectacles.)*			
Ishihara's Tests for Colour Vision			
*No. of colour plates read correctly**			
Tests for Field of Vision			
Confrontation test *(mention whether normal/restricted in any quadrant)*			
Perimetry (*mention the field of vision in degrees in all quadrants*).	Superior	_____ degrees	_____ degrees
	Inferior	_____ degrees	_____ degrees
	Temporal	_____ degrees	_____ degrees
	Nasal	_____ degrees	_____ degrees

Result/Interpretation:

a. Visual Acuity

b. Colour vision

c. Field of vision

Signature of student **Signature of teacher**

**Note: Interpretation of Ishihara's tests*

Out of initial 21 plates, if 17 or more plates are read correctly by an individual, then his colour sense should be regarded as normal. If 13 or less plates are read correctly, then the person has a red-green colour defect. Plates 22–25 are used for differential diagnosis of protans and deutans.

(*Ref:* Parmar T, Vananthi M, Ghose S, Dada T, Venkatesh P. Colour vision revisited. Delhi J Opthalmol 2014; 24(4):223–228.)

ASSESSMENT CARD FOR PROCEDURE 10*

Type of Attempt *(please tick)*: **First/Repeat 1/Repeat 2/Remedial**
(use Xerox copy for Repeat/Remedial attempts)

Sr. No.	*Attributes to be assessed*	*Score (1–5)**
i.	Behavioural skill	
ii.	Communication skill	
iii.	Confidence level	
iv.	Procedural skill	
v.	Knowledge level	
	Cumulative total (out of 25)	

***Note:** The teacher may decide the score as given below:

Below average	*Average*	*Good*	*Very good*	*Excellent*
1	2	3	4	5

Grading of candidate (please tick): **B / M / E**

Cumulative total	*Grading*
9 or less	Below Expectations (B)
10–19	Meets Expectations (M)
20 and above	Exceeds Expectations (E)

Teacher's feedback:

Signature of teacher (with date)

PROCEDURE 11

AIM: PY 10.20 Demonstrate hearing tests in a normal volunteer or simulated environment.
Number of times this skill needs to be done to be certified for independent performance = 01.

Checklist for procedure		
Sr. No.	*Steps to be performed sequentially*	*Performed (Y/N)*
i.	Explains the procedure to the subject in his/her own language and double checks that the subject has fully understood the procedure.	
ii.	Ensures that there is no/minimum background noise in the room.	
iii.	Asks the subject to close his/her eyes and to focus on auditory stimulus with full concentration.	
iv.	Elicits whisper test.	
v.	Selects 256 Hz tuning fork.	
vi.	Performs Rinne's test.	
	a. Checks for bone conduction first by placing vibrating tuning fork on mastoid process of subject. b. As soon as subject lifts his/her finger, immediately keeps the tuning fork in front of subject's ear to check for air conduction.	
vii.	Performs Weber's test.	
	a. Keeps the vibrating tuning fork on forehead/vertex of subject's skull. b. Asks the subject if there is lateralisation of sound towards any ear.	
viii.	Performs Schwabach's test.	
	a. Places vibrating tuning fork initially on subjects mastoid process and then on his own mastoid process to compare bone conduction. b. Repeats the procedure to confirm the results by placing the vibrating tuning fork initially on his own mastoid process and thereafter on subject's mastoid process.	
ix.	Compares the result on both sides and records the findings in proper format.	

ACTIVITY PERFORMA FOR PROCEDURE 11

(use Xerox copy for Repeat/Remedial attempts)

Subject's name: Date:

Age:

Gender: Male/Female

Does the subject use hearing aids: Yes/No

If yes, then for which ear: Left ear/Right ear/Both ears

Hearing Tests Assessment

Tests performed	*Left ear*	*Right ear*
1. Whisper test (normal/abnormal)		
2. Tuning fork tests		
a. Rinne's test (AC>BC or AC<BC)		
b. Weber's test (not lateralised or lateralised towards…)		
c. Schwabach's test (BC of subject is equal to/ more than/less than examiner)		

Result/Interpretation:

Signature of student **Signature of teacher**

ASSESSMENT CARD FOR PROCEDURE 11*

Type of Attempt *(please tick)*: **First/Repeat 1/Repeat 2/Remedial**
(use Xerox copy for Repeat/Remedial attempts)

Sr. No.	*Attributes to be assessed*	*Score (1–5)**
i.	Behavioural skill.	
ii.	Communication skill.	
iii.	Confidence level.	
iv.	Procedural skill.	
v.	Knowledge level.	
	Cumulative total (out of 25)	

***Note:** The teacher may decide the score as given below:

Below average	*Average*	*Good*	*Very good*	*Excellent*
1	2	3	4	5

Grading of candidate (please tick): **B / M / E**

Cumulative total	*Grading*
9 or less	Below Expectations (B)
10–19	Meets Expectations (M)
20 and above	Exceeds Expectations (E)

Teacher's feedback:

Signature of teacher (with date)