

Enrolling physician: \_\_\_\_\_

Subject ID: \_\_\_\_\_

PHYSICIAN EXAMINATION FORM

Year of Visit: \_\_\_\_\_

Year of Birth: \_\_\_\_\_

Sex (check one): ☐ Male ☐ Female

Weight: \_\_\_\_\_ (kg) Height: \_\_\_\_\_ (cm)

Type of PN (check one): ☐ Painful ☐ Non-Painful

Primary Diagnosis: ☐ Idiopathic PN

☐ Diabetic PN:

☐ Type 1 ☐ Type 2 ☐ Prediabetes

Secondary Diagnosis: \_\_\_\_\_

Muscle Scores (reference MRC Scale: 5, 4, 3, 2, 1, 0)

Upper Extremities	Right	Left
Finger extension		
Finger flexion		
First Interossei		
Abductor digit minimi		
Abductor pollicis brevis		
Lower Extremities	Right	Left
Ankle dorsi flexion		
Ankle plantar flexion		
Great toe dorsi flexion		
Great toe plantar flexion		

Reflex scores: 2= absent, 1= diminished, 0= normal

Deep Tendon Reflexes	Right	Left
Patellar		
Achillis		

Gait Evaluations			
Gait	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	<input type="checkbox"/> ND
Tandem Walk	<input type="checkbox"/> Able	<input type="checkbox"/> Not able	<input type="checkbox"/> ND
Toe Walk	<input type="checkbox"/> Able	<input type="checkbox"/> Not able	<input type="checkbox"/> ND
Heel Walk	<input type="checkbox"/> Able	<input type="checkbox"/> Not able	<input type="checkbox"/> ND
Romberg	<input type="checkbox"/> Negative	<input type="checkbox"/> Positive	<input type="checkbox"/> ND

Sensory examination

(0= normal, 1= decreased, 2= absent)

Pinprick	Right	Left
Toes		
Foot		
Above Ankle		
Mid Shin		
Below Knee		
Above Knee		

Joint position sense	Right	Left
Toes		
Ankle		

Rydel-Fork Values	Right	Left
Toes		
Ankle		
Knee		
Fingers		

Normative values for Rydel-Fork:

Age	Upper limb	Lower limb
≤ 40	≥6.5	≥4.5
41-60	≥6.0	≥4.0
61-85	≥6.0	≥3.5
>85	≥5.5	≥3.0

Allodynia/Hypersensitivity (0= normal, 1= present)

Allodynia	Right	Left
Toes		

Feet Appearance	
Right Foot	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
If abnormal:	<input type="checkbox"/> Deformities
<input type="checkbox"/> Infection	<input type="checkbox"/> Dry skin, callus
<input type="checkbox"/> Fissures	<input type="checkbox"/> Other: _____
Left Foot	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
If abnormal:	<input type="checkbox"/> Deformities
<input type="checkbox"/> Infection	<input type="checkbox"/> Dry skin, callus
<input type="checkbox"/> Fissures	<input type="checkbox"/> Other: _____