

Patient Name
Study Number
Visit

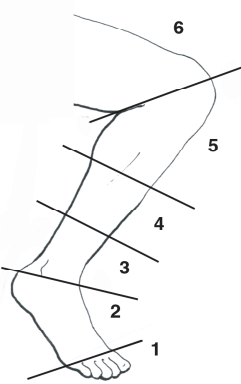
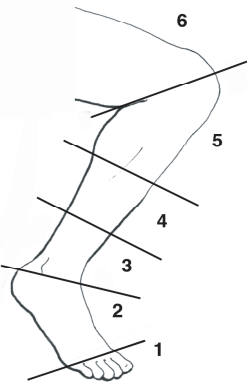
# The Utah Early Neuropathy Scale

Motor Examination	Left	Right
0 normal		
2 weak		
Great Toe Extension	<input type="text"/>	<input type="text"/>
Total both sides (out of 4)	<input type="text"/>	

Segments for pin sensation reporting

Left Leg

Right Leg



Pin Sensation:	L	R
0 normal		
1 for each segment with reduced sensation	<input type="text"/>	<input type="text"/>
2 for each segment with absent sensation	<input type="text"/>	<input type="text"/>
Total both sides (out of 24)	<input type="text"/>	

Allodynia/Hyperesthesia	L	R
0 normal		
1 if present in toes or foot	<input type="text"/>	<input type="text"/>
Total both sides (out of 2)	<input type="text"/>	

Large Fiber Sensation	L	R
0 normal		
1 diminished		
2 absent		
Great toe vibration time	<input type="text"/>	<input type="text"/>
	S	S
Great toe joint position	<input type="text"/>	<input type="text"/>
Total both sides (out of 8)	<input type="text"/>	

Deep Tendon Reflexes	L	R
0 normal		
1 diminished		
2 absent		
Ankle	<input type="text"/>	<input type="text"/>
Total both sides (out of 4)	<input type="text"/>	

Total Score (out of 42)

**Performing the Utah Early Neuropathy Scale (UENS) exam.** The UENS requires a safety pin and a 128 Hz tuning fork. Pin sensation is tested by first reviewing normal sharp sensation to pin on an unaffected portion of the skin. Once this is established, touch the dorsal surface of the foot and leg with the pin, working centripetally from the great toe in 1-2 cm increments while asking the subject to respond when they first feel “any sharpness”, and again more proximally when the pin feels “as sharp as they would expect”. Repeat to firmly establish these levels. On each side, 2 points are scored for each region in which the patient fails to feel any sharpness. One additional point is scored for each additional region in which the pin feels less sharp than expected. Only distal sensory loss is scored. So, for instance, a person who reported absent pin sensation to the mid foot dorsum (4 points) and reduced sensation to the low ankle (1 point) bilaterally would score a total of 10 points for this portion of the UENS.

Vibration is tested by first acquainting the subject with vibration (as opposed to pressure) sensation, then holding the maximally vibrated tuning fork to the dorsum of the great toe at the distal interphalangeal joint. Extinction of vibration in less than 10 seconds is considered “diminished”, while “absent” requires that the patient cannot detect the maximally vibrating tuning fork at the toe. The motor exam is limited to great toe dorsiflexion. Other aspects are as typically performed in neurological exam.