



CONCUSSION MANAGEMENT
SPECIALISTS, PLLC

Concussion Management Specialists, PLLC
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Cranial Nerve Assessment

Nerve	Name	Function	Test for	Result	
				Normal	Abnormal
I	Olfactory	Smell	Have the athlete identify odors w/ each nostril(sports cream, antiseptic, etc)		
II	Optic	Visual acuity	Have the athlete identify number of fingers		
		Visual field	Approach the athlete's eyes from the side using your finger or light pen		
III	Oculomotor	Pupillary reaction	Shine pen light in each eye and note pupillary reaction		
IV	Trochlear	Eye movements	Have the athlete follow your pen light without moving his/her head		
V	Trigeminal	Facial sensation	Have the athlete identify areas of face being touched		
		Motor	Have the athlete hold mouth open against resistance		
VI	Abducens	Motor	Check athlete's lateral eye movements		
VII	Facial	Motor	Have the athlete smile, wrinkle forehead, frown, puff cheeks, and wink each eye		
		Sensory	Have the athlete identify familiar tastes (Gatorade)		
VIII	Acoustic	Hearing	Have athlete identify sounds in both ears (tuning fork)		
		Balance	Check athlete's balance (Romberg sign)		
IX	Glossopharyngeal	Swallowing	Have the athlete say "ah" and swallow hard		
X	Vagus	Gag reflex	Test the gag reflex (tongue depressor)		
XI	Spinal	Neck strength	Have athlete complete full AROM, shoulder shrugs against resistance		
XII	Hypoglossal	Tongue movement and strength	Have the athlete stick out his/her tongue and move it around. Apply resistance with tongue depressor.		