

Shadow Health will undergo maintenance starting on Saturday, April 4th at 1:00 AM CST until Saturday, April 4th at 9:00 AM CST. During this time Shadow Health may be inaccessible.

Neurological Results | Turned In

Advanced Health Assessment - STU - August 2023, nur504ap4

[Return to Assignment \(/assignments/867641/\)](#)



Your Results

Lab Pass (/assignment_attempts/15281306/lab_

Overview

[Transcript](#)

[Subjective Data Collection](#)

[Objective Data Collection](#)

[Education & Empathy](#)

[Documentation](#)

[Video Tutorial](#)

[Student Survey](#)

Experience Overview

Patient: Tina Jones



Digital Clinical Experience Score

96.4%

This score measures your performance on the Student Performance Index in relation to other students in comparable academic programs. Your instructor has chosen to scale your Student Performance Index score so that the average score on the index is a 87.0%. This score may not be your final grade if your instructor chooses to include additional components, such as documentation or time spent.

Student Performance Index

59.75 out of 62



Proficiency Level: **Proficient**

Beginning

Developing

Proficient

Students rated as "proficient" demonstrate an expertise in advanced practice competencies and reasoning skills. In comparable programs, the top students perform at the level of a proficient practitioner.

Subjective Data Collection

21 out of 21

Objective Data Collection

36.75 out of 37

Education and Empathy

2 out of 4

Time

85 minutes total spent in assignment

Interaction with patient

85 minutes

Comments

If your instructor provides individual feedback on this assignment, it will appear here.



About Shadow Health (<https://evolve.elsevier.com/education/simulations/shadow-health/>)

Terms and Conditions (<https://www.elsevier.com/legal/elsevier-website-terms-and-conditions/elsevier-terms-and-conditions-for-personal-https://www.elsevier.com/>)

Privacy Policy (<https://www.elsevier.com/legal/privacy-policy/subscriptions-and-e-books>)

Accessibility (https://service.elsevier.com/app/answers/detail/a_id/34675/supporthub/shadow-health/)

Support and Contact (<https://service.elsevier.com/app/home/supporthub/shadow-health/>) Patents (</static/patents>)

Cookies are used by this site. [Cookie Settings](#).

Copyright © 2026 Elsevier Inc., its licensors, and contributors. All rights are reserved, including those for text and data mining, AI training, and similar technologies.

Shadow Health will undergo maintenance starting on Saturday, April 4th at 1:00 AM CST until Saturday, April 4th at 9:00 AM CST. During this time Shadow Health may be inaccessible.

Neurological Results | Turned In

Advanced Health Assessment - STU - August 2023, nur504ap4

[Return to Assignment \(/assignments/867641/\)](#)



Your Results

Lab Pass (/assignment_attempts/15281306/lab_

[Overview](#)

[Transcript](#)

[Subjective Data Collection](#)

[Objective Data Collection](#)

[Education & Empathy](#)

[Documentation](#)

[Video Tutorial](#)

[Student Survey](#)

Transcript

Started: Sep 30, 2023 | Total Time: 85 min

All Lines (95)

Interview Questions (82)

Statements (4)

Exam Actions (9)

	Hello Tina my name is	09/30/23 9:08
	Hey.	
	My name is india	09/30/23 9:08
	Hello.	
	My name is India	09/30/23 9:08
	Hello.	
	Your interview and your physical (No matching questions found.)	09/30/23 9:10
	Brought you into the clinic today	09/30/23 9:10
	Well, I got into a little fender bender a week ago and I've been getting these headaches ever since. And my neck is sore too.	
	Sorry to hear that you're having headaches	09/30/23 9:11
	Thanks for understanding.	
	Have you had any neck stiffness	09/30/23 9:11



Yeah.



When did the next stiffness begin (No matching questions found.)



When did the neck



My neck started hurting about two days after the accident.



I'm sorry you got into an accident



Thanks for saying that.



When did the headache begin



It was a few days after the car accident -- I noticed a headache creeping up throughout the day.



Did you lose Consciousness during the accident



No.



How fast were you going



Oh, it was really slow. We were in a parking lot. Maybe not even fifteen miles an hour.



Were you wearing a seatbelt



Yes, I always do.



Where were you sitting in the car



I was in the front passenger seat.



Was anyone under the influence of alcohol during the accident (Clarified to Was anyone under the influence of alcohol when the accident occurred?.)



No, definitely not. Neither of us had anything to drink. [AUDIO COMING SOON] (Clarified to if anyone was under the influence of alcohol when the accident occurred.)



Great it's not advisable to drive under the influence



That makes sense.



Have you tried home remedies



I've been taking acetaminophen. And resting helps, too. [AUDIO COMING SOON]



Does your headache get better with rest



I don't think so. They just come on and eventually go away.



Have your vision changed since the accident



No, my vision hasn't changed since the accident.



Have you ever had blurred vision



No, my vision hasn't been blurry since the accident. But, sometimes it gets blurry when I read for too long -- that's been going on for awhile.



Any vision (Clarified to Do you have vision problems?.)



Well, no, my vision hasn't changed recently -- not since the accident. But sometimes my vision gets blurry when I do a lot of reading... that's been going on for awhile. (Clarified to if I have problems with my vision.)



Are you sensitive to light sensor accident



No, I'm not sensitive to light. [AUDIO COMING SOON]



Have you had any congestion



No, I haven't been congested.



Have you had any ringing in your ears



No.



How long do the headache last



About an hour or two.



When was your last headache



Yesterday afternoon.



Where are the headaches located



The headaches are in the crown of my head, and kind of the back of my head.



Does the pain radiate



Maybe? The soreness in my neck feels like it goes up into my head. But its just my neck and head that hurt.



How does the neck feel



It has been pretty stiff and a little painful since the accident.



Is your scalp tender



No.



Do you have any pain in your jaw



No, not at all.



Do you have any Facial Pain



No. My face is fine.



How would you rate your pain



It's just my neck that hurts right now. . . I guess I'd say it's a 3 out of 10.



How would you rate your pain at it worse (Clarified to How would you rate the pain when it first started?.)



When I first started having head and neck pain, it was a 4 at its worst. But the meds have brought that down a little. [AUDIO COMING SOON] (Clarified to how I would rate my pain at the onset.)



How would you rate your pain out it's worse (Clarified to How would you rate your pain at its worst on a scale from 0 to 10?.)



They probably get up to a 4. (Clarified to how I would rate my pain on a scale at its worst.)



What do your headache feel like



The headaches feel like a dull ache, kind of in the crown of my head, and the back of my head.



Is the headache pain sharp



No, not really.



Are your Heads Psycho (No matching questions found.)



Are your Headaches cyclic



No, I don't think so.



Do your headaches come in clusters



No, definitely not.



Do you have headaches class (No matching questions found.)



Do you have headaches crescendo



It's not, like, a sudden, horrible pain, but they don't worsen gradually either. They just sort of start, and they never get that bad.



What causes your pain



Well, I'm worried these headaches have something to do with my fender bender -- That's why I came in. But I don't know about any particular triggers. They usually creep up during the day, and then I take something to make them go away.



Does it hurt to move your head



Yeah, my neck hurts when I move it.



What make your headache worse



Nothing really makes them worse. . . they just sort of start, and eventually they go away.



Does your headache get better with rest



I don't think so. They just come on and eventually go away.



Are you taking any new medications



I've been taking more acetaminophen for my headaches, and my neck. [AUDIO COMING SOON]



What does of Tylenol do you take (No matching questions found.)



What dose of Tylenol do you take



I'm not sure the actual dosage, but I generally take 2 regular strength pills.



How often do you take Tylenol



I've been taking it every day since I started getting these headaches.



Does the Tylenol help



Yeah, it has been helping some.



Do you have any new allergies



Well, besides cats, I'm allergic to penicillin.



Do you ever get migraines



No, I'm pretty sure my headaches aren't migraines.



Have you ever had any head trauma



No.



Have you had any seizures



No. I've seen somebody have one, though. It's scary.



Have your sleep habits changed



No.



Have you ever had a fever



No, I don't think so.



Have you felt for teeth (No matching questions found.)



Have you feel fatigued (Clarified to Have you been feeling fatigued?.)



No, I don't think so. (Clarified to if I have been fatigued.)



Any night sweats



I don't get sweaty, but sometimes I wake up hot and have to kick off my sheets.



Has one side of your body felt weaker than other



No, I feel about the same.



Any changes in your gate (No matching questions found.)



Any changes in your gait



No.



Have you felt weak



No.



Have you experienced any oras (No matching questions found.)



Have you experienced any auras



No.



Have you felt dizzy



No, I haven't been dizzy.



Any loss of coordination



Not that I've noticed.



have you noticed any scotoma



I don't know what that is, so I guess probably not.



Have you felt any tingling



No, I haven't noticed any tingling.



How's your face been flushed (Clarified to Has your face been flushed?.)



Nope. (Clarified to if my face has been flushed.)



Have you felt depressed



No, I've been fine.



Have you felt more irritable



No, not really.



Have you had any problem concentrated



No, not really.



Have you felt confused



No.



Has your vision changed since the accident



No, my vision hasn't changed since the accident.



Have you ever had any blurred vision



No, my vision hasn't been blurry since the accident. But, sometimes it gets blurry when I read for too long -- that's been going on for awhile.



Have you had any hearing loss



No.



Any history of migraine and your family (Clarified to Do you have a family history of migraines?.)



I don't think so. (Clarified to if I have a family history of migraines.)



Any family history of epilepsy



No.



Any family history of seizure



No.



Do you have any family history of Parkinson



No, I don't think so.



Do you have any family history of Alzheimer's disease



No.



Who's the president of the United States



It's . . . [Ms. Jones reports the correct president]. [AUDIO COMING SOON]



Did you have insurance



Yeah, I have car insurance and health insurance. [AUDIO COMING SOON]



I'm sorry that you got in an accident



Thanks.



Tested CN I (olfactory nerve) with smell test



F P



Inspected front of face for asymmetry and facial droop



Observed patient's general vocabulary



Observed patient's general ability to articulate



Inspected mouth



Inspected mouth: pushed tongue left with tongue blade



Inspect mouth: pushed tongue right with tongue blade



Inspect mouth: lifted tongue with tongue blade



Observed patient's gait

Comments

If your instructor provides individual feedback on this assignment, it will appear here.



About Shadow Health (<https://evolve.elsevier.com/education/simulations/shadow-health/>)

Terms and Conditions (<https://www.elsevier.com/legal/elsevier-website-terms-and-conditions/elsevier-terms-and-conditions-for-personal-use>)

Privacy Policy (<https://www.elsevier.com/legal/privacy-policy>)

Accessibility (https://service.elsevier.com/app/answers/detail/a_id/34675/supporthub/shadow-health/)

Support and Contact (<https://service.elsevier.com/app/home/supporthub/shadow-health/>) Patents (</static/patents>)

Cookies are used by this site. [Cookie Settings](#).

Copyright © 2026 Elsevier Inc., its licensors, and contributors. All rights are reserved, including those for text and data mining, AI training, and similar technologies.

Shadow Health will undergo maintenance starting on Saturday, April 4th at 1:00 AM CST until Saturday, April 4th at 9:00 AM CST. During this time She may be inaccessible.

Neurological Results | Turned In

Advanced Health Assessment - STU - August 2023, nur504ap4

[Return to Assignment \(/assignments/867641/\)](#)



Your Results

Lab Pass (/assignment_attempts/15281306/lab_

[Overview](#)

[Transcript](#)

[Subjective Data Collection](#)

[Objective Data Collection](#)

[Education & Empathy](#)

[Documentation](#)

[Video Tutorial](#)

[Student Survey](#)

Subjective Data Collection: 21 of 21 (100.0%)

Hover To Reveal...

Hover over the **Patient Data** items below to reveal important information, including **Pro Tips** and **Example Questions**.

○ Indicates an item that you found.

○ Indicates an item that is available to be found.

Category

Scored Items

Patient Data

Not Scored

Experts selected these topics as essential components of a strong, thorough interview with this patient.

A combination of open and closed que will yield better patient data. The follow details are facts of the patient's case.

Chief Complaint

Established chief complaint

- Reports recent "fender bender"
- Reports headaches
- Reports neck symptoms

History of Present Illness

Asked about onset of symptoms

- Reports accident occurred 1 week a
- Reports symptoms began 2 days aft accident

Followed up on details of car accident

- Denies loss of consciousness
- Reports low vehicle speed
- Reports wearing seatbelt
- Reports sitting in front passenger se

◦ Reports no alcohol or drug use during accident

Asked about frequency and duration of symptoms

- Reports headaches are daily
 - Reports headaches last 1-2 h
 - Reports last headache was y
-

Asked location of pain

- Reports headache pain in crc
 - Reports pain does not radiat
 - arms
 - Reports slight pain in back o
 - Denies scalp tenderness or it
 - Denies jaw symptoms
 - Denies facial pain
-

Asked about severity of pain

- Rates current head and neck
 - Rates pain severity at its wor
-

Followed up on headache characteristics

- Reports headache pain as a
 - Denies sharp pain
 - Reports headaches not cycli
 - Reports headaches do not o
 - Reports headaches not rapid
-

Asked about aggravating factors

- Reports that car accident see
 - Reports pain upon head or n
 - Reports headaches don't ha
-

Asked about relieving factors for neck pain and headaches

- Denies home remedies such
 - Symptoms improve with rest
-

Medical History

Confirmed use of medications

- Confirms medications (no ne
 - Reports increased acetamin
-

Followed up on acetaminophen use

- Unsure of dosage
 - Takes 2 acetaminophen at a
 - Takes acetaminophen once e
 - Reports minor relief from ace
-

Confirmed allergies

- Confirms allergies (no new al
-

Asked about relevant neurological history

- Reports past frequent heada
 - Denies history of migraine
 - Denies head trauma
 - Denies history of seizures
-

Social History

Asked about sleep

- Denies changes in sleep

- Denies increased sleepiness or yawning

Social Determinants of Health

- Asked about impact of accident on finances
 - Reports having car insurance
 - Denies accident places extra

Review of Systems

- Asked about general symptoms
 - Denies fever
 - Denies chills
 - Denies fatigue or changes in
 - Denies nausea or vomiting
 - Denies night sweats

- Asked about review of systems for neurological
 - Denies hemiparesis
 - Denies gait disturbance
 - Denies body weakness
 - Denies seeing auras or halos
 - Denies dizziness, light-headedness, disequilibrium
 - Denies loss of coordination
 - Denies scotoma
 - Denies numbness or tingling
 - Denies facial flushing

- Asked about review of systems for psych and behavioral history
 - Denies depression
 - Denies increased irritability
 - Denies problems with concentration
 - Denies confusion

- Asked about review of systems for eyes and vision
 - Denies changes in vision since
 - Reports occasional blurry vision
 - Denies unilateral vision disturbance
 - Denies sensitivity to light

- Asked about review of systems for ears, nose, and throat
 - Denies nasal congestion or rhinorrhea
 - Denies tinnitus
 - Denies changes in hearing
 - Denies difficulty swallowing

Family History

- Asked about relevant family history
 - Denies family history of migraines
 - Denies family history of epilepsy
 - Denies family history of Alzheimer's disease
 - Denies family history of Parkinson's disease

Comments

Shadow Health will undergo maintenance starting on Saturday, April 4th at 1:00 AM CST until Saturday, April 4th at 9:00 AM CST. During this time She may be inaccessible.

Neurological Results | Turned In

Advanced Health Assessment - STU - August 2023, nur504ap4

[Return to Assignment \(/assignments/867641/\)](#)



Your Results

Lab Pass (/assignment_attempts/15281306/lab_

[Overview](#)

[Transcript](#)

[Subjective Data Collection](#)

[Objective Data Collection](#)

[Education & Empathy](#)

[Documentation](#)

[Video Tutorial](#)

[Student Survey](#)

Objective Data Collection: 36.75 of 37 (99.32%)

- | | |
|--|------------------------------------|
| <input type="checkbox"/> Correct | <input type="checkbox"/> Incorrect |
| <input type="checkbox"/> Partially correct | <input type="checkbox"/> Missed |

Confirmed orientation

1 of

To Person (1/3 point)

- Oriented to person
 Not oriented to person

To Place (1/3 point)

- Oriented to place
 Not oriented to place

To Time (1/3 point)

- Oriented to time
 Not oriented to time

Evaluated abstract thinking

1 of

Abstractness (1/2 point)

- Abstract
 Concrete

Relevance (1/2 point)

- Relevant
 Not relevant

Evaluated attention span

1 of

Serial 7s Test (1/1 point)

- Accurate
 Not accurate

Evaluated comprehension

1 of

Observations (1/1 point)

- Able to follow instructions
 Unable to follow instructions

Evaluated general knowledge

Accuracy (1/1 point)

- Accurate
- Not accurate

Evaluated judgment

Observations (1/1 point)

- Intact
- Not intact

Evaluated memory

Remote Memory (1/3 point)

- Intact
- Not intact

Immediate Memory (1/3 point)

- Intact
- Not intact

New Learning Ability (1/3 point)

- Accurate
- Not accurate

Observed vocabulary

Complexity (1/1 point)

- Expected complex for patient's age, education level, and general ability
- Not expected complexity

Observed articulation

Observations (1/1 point)

- No observed problems with pronunciation or expression
- Imprecise pronunciation of consonants
- Slurring
- Hesitation
- Stutter

Tested olfactory nerve

Sense Of Smell (1/2 point)

- Able to discriminate
- Not able to discriminate

Symmetric (1/2 point)

- Symmetric bilaterally
- Asymmetric

Tested visual acuity (optic nerve)

Right (1/2 point)

- 20/100
- 20/70
- 20/50
- 20/40
- 20/30
- 20/25
- 20/20
- 20/15

Left (1/2 point)

- 20/100
- 20/70
- 20/50
- 20/40
- 20/30
- 20/25
- 20/20
- 20/15

- 20/13
- 20/10

- 20/13
- 20/10

Examined retina with ophthalmoscope (optic nerve)

Right: Fundus (No point)

- No visible abnormal findings
- Myelinated nerve fibers
- Papilledema
- Glaucomatous cupping
- Drusen bodies
- Cotton wool bodies
- Hemorrhage

Right: Disc Margin (1/4 point)

- Sharp
- Blurred

Left: Fundus (1/4 point)

- No visible abnormal findings
- Myelinated nerve fibers
- Papilledema
- Glaucomatous cupping
- Drusen bodies
- Cotton wool bodies
- Hemorrhage

Left: Disc Margin (1/4 point)

- Sharp
- Blurred

Inspected pupils (optic and oculomotor nerves)

Observations With Penlight (1/1 point)

- No visible abnormal findings (PERRL)
- Unequal
- Irregular
- Miosis
- Mydriasis
- Non-reactive to light

Tested extraocular eye movements (extraocular movements: oculomotor, trochlear, abducens nerves)

Cardinal Fields (1/2 point)

- No visible abnormal findings
- Nystagmus
- Fixed pupil

Convergence (1/2 point)

- No visible abnormal findings
- Unequal bilaterally
- Fixed pupil

Tested facial sensation (trigeminal nerve)

Observations (1/1 point)

- Intact
- Unable to feel dull stimulus
- Unable to feel sharp stimulus
- Unable to feel soft stimulus

Inspected head and face (facial nerve)

Skull Symmetry (1/2 point)

- Symmetric
- Asymmetric

Facial Feature Symmetry (1/2 point)

- Symmetric
- Asymmetric

Performed Weber test (auditory nerve)

Results (1/1 point)

- Normal
- Conductive or sensorineural loss

Performed Rinne test (auditory nerve)

Right (1/2 point)

- Normal
- Conductive loss

Left (1/2 point)

- Normal
- Conductive loss

Tested gag reflex (glossopharyngeal, vagus nerves)

Observations (1/1 point)

- Intact
- Absent
- Hypersensitive

Tested shoulder shrugging (accessory nerve)

Observations (1/2 point)

- Symmetric
- Asymmetric

Strength (1/2 point)

- 0 - No evidence of movement
- 1 - Trace of movement
- 2 - Full range of motion with passive mov
- 3 - Full range of motion against gravity, w
- 4 - Full but weak range of motion against resistance
- 5 - Full range of motion against gravity, w

Tested neck strength (accessory nerve)

Strength (1/1 point)

- 0 - No evidence of movement
- 1 - Trace of movement
- 2 - Full range of motion with passive movement only
- 3 - Full range of motion against gravity, with no resistance
- 4 - Full but weak range of motion against gravity, with some resistance
- 5 - Full range of motion against gravity, with resistance

Inspected tongue (hypoglossal nerve)

Symmetry (1/2 point)

- Symmetric
- Asymmetric

Observations (1/2 point)

- No visible abnormal findings
- Fasciculations
- Deviation from midline
- Atrophy

Tested deep tendon reflexes in triceps

Right (1/2 point)

- 0 - No response
- 1 - Diminished

Left (1/2 point)

- 0 - No response
- 1 - Diminished

- 2 - Expected (active)
- 3 - Hyperactive
- 4 - Hyperactive, with clonus

- 2 - Expected (active)
- 3 - Hyperactive
- 4 - Hyperactive, with clonus

Tested deep tendon reflexes in biceps

Right (1/2 point)

- 0 - No response
- 1 - Diminished
- 2 - Expected (active)
- 3 - Hyperactive
- 4 - Hyperactive, with clonus

Left (1/2 point)

- 0 - No response
- 1 - Diminished
- 2 - Expected (active)
- 3 - Hyperactive
- 4 - Hyperactive, with clonus

Tested deep tendon reflexes in brachioradialis

Right (1/2 point)

- 0 - No response
- 1 - Diminished
- 2 - Expected (active)
- 3 - Hyperactive
- 4 - Hyperactive, with clonus

Left (1/2 point)

- 0 - No response
- 1 - Diminished
- 2 - Expected (active)
- 3 - Hyperactive
- 4 - Hyperactive, with clonus

Tested deep tendon reflexes in patellar tendon

Right (1/2 point)

- 0 - No response
- 1 - Diminished
- 2 - Expected (active)
- 3 - Hyperactive
- 4 - Hyperactive, with clonus

Left (1/2 point)

- 0 - No response
- 1 - Diminished
- 2 - Expected (active)
- 3 - Hyperactive
- 4 - Hyperactive, with clonus

Tested deep tendon reflexes in Achilles tendon

Right (1/2 point)

- 0 - No response
- 1 - Diminished
- 2 - Expected (active)
- 3 - Hyperactive
- 4 - Hyperactive, with clonus

Left (1/2 point)

- 0 - No response
- 1 - Diminished
- 2 - Expected (active)
- 3 - Hyperactive
- 4 - Hyperactive, with clonus

Tested point-to-point movements: Finger to nose

Right (1/2 point)

- Smooth and accurate
- Jerky
- Inaccurate

Left (1/2 point)

- Smooth and accurate
- Jerky
- Inaccurate

Tested point-to-point movements: Heel to shin

Right (1/2 point)

- Smooth and accurate
- Jerky
- Inaccurate

Left (1/2 point)

- Smooth and accurate
- Jerky
- Inaccurate

Tested coordination with rapid alternating hand movements

Observations (1/1 point)

- Able to perform without difficulty
- Performs but with difficulty
- Unable to perform

Observed gait

Balance (1/2 point)

- Steady
- Unsteady

Gait (1/2 point)

- Continuous, symmetric steps
- Discontinuous steps
- Asymmetric steps
- Stagger
- Swaying
- Hesitancy due to injury
- Use of arms

Tested graphesthesia

Right (1/2 point)

- Able to identify
- Unable to identify

Left (1/2 point)

- Able to identify
- Unable to identify

Tested sensation in arms

Right: Dull Touch (1/6 point)

- Expected sensation in proximal and distal
- Decreased proximal sensation
- Decreased distal sensation

Left: Dull Touch (1/6 point)

- Expected sensation in proximal and distal
- Decreased proximal sensation
- Decreased distal sensation

Right: Soft Touch (1/6 point)

- Expected sensation in proximal and distal
- Decreased proximal sensation
- Decreased distal sensation

Left: Soft Touch (1/6 point)

- Expected sensation in proximal and distal
- Decreased proximal sensation
- Decreased distal sensation

Right: Sharp Touch (1/6 point)

- Expected sensation in proximal and distal
- Decreased proximal sensation
- Decreased distal sensation

Left: Sharp Touch (1/6 point)

- Expected sensation in proximal and distal
- Decreased proximal sensation
- Decreased distal sensation

Tested sensation in legs

Right: Dull Touch (1/6 point)

- Expected sensation in proximal and distal
- Decreased proximal sensation
- Decreased distal sensation

Left: Dull Touch (1/6 point)

- Expected sensation in proximal and distal
- Decreased proximal sensation
- Decreased distal sensation

Right: Soft Touch (1/6 point)

- Expected sensation in proximal and distal
- Decreased proximal sensation
- Decreased distal sensation

Left: Soft Touch (1/6 point)

- Expected sensation in proximal and distal
- Decreased proximal sensation
- Decreased distal sensation

Right: Sharp Touch (1/6 point)

- Expected sensation in proximal and distal
- Decreased proximal sensation
- Decreased distal sensation

Left: Sharp Touch (1/6 point)

- Expected sensation in proximal and distal
- Decreased proximal sensation
- Decreased distal sensation

Tested sensation in feet

Right (1/2 point)

- Expected sensation
- Decreased sensation

Left (1/2 point)

- Expected sensation
- Decreased sensation

Tested position sense

Fingers (1/2 point)

- Intact
- Not intact

Toes (1/2 point)

- Intact
- Not intact

Tested stereognosis

Right (1/2 point)

- Able to identify
- Unable to identify

Left (1/2 point)

- Able to identify
- Unable to identify

Comments

If your instructor provides individual feedback on this assignment, it will appear here.



About Shadow Health (<https://evolve.elsevier.com/education/simulations/shadow-health/>)

Terms and Conditions (<https://www.elsevier.com/legal/elsevier-website-terms-and-conditions/elsevier-terms-and-conditions-for-personal-use>)

Privacy Policy (<https://www.elsevier.com/legal/privacy-policy>)

Accessibility (https://service.elsevier.com/app/answers/detail/a_id/34675/supporthub/shadow-health/)

Support and Contact (<https://service.elsevier.com/app/home/supporthub/shadow-health/>) Patents (</static/patents>)

Cookies are used by this site. [Cookie Settings](#).

Copyright © 2026 Elsevier Inc., its licensors, and contributors. All rights are reserved, including those for text and data mining, AI training, and similar technologies.

Shadow Health will undergo maintenance starting on Saturday, April 4th at 1:00 AM CST until Saturday, April 4th at 9:00 AM CST. During this time Shadow Health may be inaccessible.

Neurological Results | Turned In

Advanced Health Assessment - STU - August 2023, nur504ap4

[Return to Assignment \(/assignments/867641/\)](#)



Your Results

[Lab Pass \(/assignment_attempts/15281306/lab_pass.pdf\)](#)

[Overview](#)

[Transcript](#)

[Subjective Data Collection](#)

[Objective Data Collection](#)

[Education & Empathy](#)

[Documentation](#)

[Video Tutorial](#)

[Student Survey](#)

Documentation / Electronic Health Record

[Document: Provider Notes](#)

Document: Provider Notes

Student Documentation

Model Documentation

Subjective

Mrs. Jones is a pleasant 28 year old African-American woman who present to the clinic with complaints of headaches and neck soreness after getting into a fender bender a week ago. She reports being a front seat passenger and a friend car what another car rear ended them at a slow speed any grocery store parking lot. She reports wearing a seatbelt and the nice loss of consciousness. She states that headaches started two days ago 5 days from today. Describes headaches as a dull headache and the crown of the head, denies any sharp pain. She reports frequencies of headaches as every day for the last 5 days, typically lasting an hour to 2 hours.

Objective

Mrs Jones is a pleasant obese 28 year old African-American woman in no apparent distress. She is alert and oriented to person place and time. She maintain eye contact throughout the interview and examination. She appears well groomed, speech is clear and coherent, calm and Cooperative affect.

HPI: Ms. Jones presents to the clinic complaining of a headache and neck stiffness that started 2 days after she was in a minor fender bender. One week ago she states that she was a restrained passenger in an accident in a parking lot and estimates the speed to be approximately 5-10 mph. She and the driver did not seek emergent care and felt fine after the accident. Two days later, however, she developed a bilateral temporal dull ache accompanied by neck ache. She states that she feels as though her neck may be slightly swollen as well. She did not lose consciousness in the accident and denies changes in level of consciousness since that time. She states that she gets a headache every day that lasts approximately 1-2 hours. She occasionally takes 650 mg of over the counter Tylenol with relief of the pain. She denies known associated symptoms.

Review of Systems: General: Denies changes in weight, fatigue, weakness, fever, chills, and night sweats. • Head: Denies history of trauma before this incident. Denies current headache. • Eyes: She does not wear corrective lenses, but notes that her vision has been worsening over the past few years, but no acute changes. She complains of blurry vision after reading for extended periods. Denies increased tearing or itching. • Ears: Denies hearing loss, tinnitus, vertigo, discharge, or earache. • Nose/Sinuses: Denies rhinorrhea. Denies stuffiness, sneezing, itching, previous allergy, epistaxis, or sinus pressure. • Musculoskeletal: Denies muscle weakness, pain, difficulties with range of motion, joint instability, or swelling. • Neurologic: Denies loss of sensation, numbness, tingling, tremors, weakness, paralysis, fainting, blackouts, or seizures. Denies bowel or bladder dysfunction. Denies changes in concentration, sleep, coordination, appetite.

General: Ms. Jones is a pleasant, obese 28-year-old African American woman in no acute distress, but appears uncomfortable while sitting in exam chair. She is alert and oriented. She maintains eye contact throughout interview and examination.

• Head: Head is normocephalic and atraumatic
• Eyes: Bilateral eyes with equal hair distribution.
• Neurologic: Sense of smell intact and symmetric. Left eye vision: 20/20. Right eye vision: 20/40. Left fundoscopic exam reveals sharp disc margins, no hemorrhages. Right fundoscopic exam reveals mild retinopathic changes. Pupils equal, round, and reactive to light bilaterally. Extraocular movements intact bilaterally. Normal convergence. Facial sensation intact; facial features and symmetric. Rinne and Weber tests normal bilaterally. Gag reflex intact. Ability to shrug shoulders symmetric; 5 strength against resistance. Neck with full range of motion against resistance; 5 strength against resistance. Tongue symmetric with no abnormal findings. Bilateral upper and lower extremity DTRs equal and 2+ bilaterally. Point-to-point movements smooth and accurate for finger-to-nose and heel-to-shin. Rapid alternating movements of the upper extremities intact bilaterally. Gait steady with continuous, symmetric steps. Sensation intact to bilateral upper and lower extremities; sense of extremity position intact. Stereognosis and graphesthesia intact bilaterally.

Shadow Health will undergo maintenance starting on Saturday, April 4th at 1:00 AM CST until Saturday, April 4th at 9:00 AM CST. During this time She may be inaccessible.

Neurological Results | Turned In

Advanced Health Assessment - STU - August 2023, nur504ap4

[Return to Assignment \(/assignments/867641/\)](#)



Your Results

Lab Pass (/assignment_attempts/15281306/lab_

[Overview](#)

[Transcript](#)

[Subjective Data Collection](#)

[Objective Data Collection](#)

[Education & Empathy](#)

[Documentation](#)

[Video Tutorial](#)

[Student Survey](#)

Education & Empathy : 2 of 4 (50.0%)

During the patient interview, there are a number of opportunities to provide patient education and empathy. The opportunities listed below are those identified by nursing experts to be of particular importance to this patient. A **Statement** is provided as an example of an appropriate response to each opportunity.

- Opportunities marked as **Not Encountered** are opportunities that were not elicited in the interview
- Opportunities marked as **Not Followed Up** are missed opportunities that were present in the interview, but w/ statements were made
- Opportunities marked as **Followed Up** were followed up by students, and include the dialogue between student and patient

1 Symptoms

Follo

Description: Tina describes the symptoms that have been bothering her.



Have you had any neck stiffness

09:1



Yeah.



When did the neck

09:1:



My neck started hurting about two days after the accident.



I'm sorry you got into an accident

E
09:1:



Thanks for saying that.

Model Statement: "I'm sorry to hear that you were in a car accident, and that you're experiencing pain and headaches. Because car accidents can cause injury to your head and neck, it's important that I learn about how the injury happened and your symptoms so that we can determine if you need treatment."

2 Cause of Injury

Follo

Description: Tina describes her recent “fender bender.”



When did the headache begin



It was a few days after the car accident -- I noticed a headache creeping up throughout the day.



Did you lose Consciousness during the accident



No.



How fast were you going



Oh, it was really slow. We were in a parking lot. Maybe not even fifteen miles an hour.



Were you wearing a seatbelt



Yes, I always do.



Where were you sitting in the car



I was in the front passenger seat.



Was anyone under the influence of alcohol during the accident (Clarified to: Was anyone under the influence of alcohol when the accident occurred?)



No, definitely not. Neither of us had anything to drink. [AUDIO COMING SOON] (Clarified to: if anyone was under the influence of alcohol when the accident occurred)



Great it's not advisable to drive under the influence



That makes sense.

Model Statement: "I'm sorry. Car accidents can be stressful and scary, even if they are minor. I'm glad you are safe."

3 Medications

Description: Tina describes her medication regimen, which includes Tylenol for her symptoms.



Are you taking any new medications



I've been taking more acetaminophen for my headaches, and my neck. [AUDIO COMING SOON]



What does of Tylenol do you take



What dose of Tylenol do you take



I'm not sure the actual dosage, but I generally take 2 regular strength pills.



How often do you take Tylenol



I've been taking it every day since I started getting these headaches.



Does the Tylenol help



Yeah, it has been helping some.



Do you have any new allergies



Well, besides cats, I'm allergic to penicillin.



Do you ever get migraines



No, I'm pretty sure my headaches aren't migraines.

Model Statement: "Thank you for letting me know about the medications you usually take. I will ask you a few questions about how you're using each medication."

4 Vision

Description: Tina describes her eyecare and vision.



Has your vision changed since the accident



No, my vision hasn't changed since the accident.



Have you ever had any blurred vision



No, my vision hasn't been blurry since the accident. But, sometimes it gets blurry when I read for too long -- that's been going on for awhile.



Have you had any hearing loss



No.



Any history of migraine and your family (Clarified to: Do you have a family history of migraines?)



I don't think so. (Clarified to: if I have a family history of migraines)

Model Statement: "Blurry vision can be a sign of eye strain, or changes to the retina caused by conditions like diabetes. I'd like to examine your eyes to determine what might be causing your vision changes."

Comments

If your instructor provides individual feedback on this assignment, it will appear here.



About Shadow Health (<https://evolve.elsevier.com/education/simulations/shadow-health/>)

Terms and Conditions (<https://www.elsevier.com/legal/elsevier-website-terms-and-conditions/elsevier-terms-and-conditions-for-personal-https://www.elsevier.com/>)

Privacy Policy (<https://www.elsevier.com/legal/privacy-policy/subscriptions-and-e-books>)

Accessibility (https://service.elsevier.com/app/answers/detail/a_id/34675/supporthub/shadow-health/)

Support and Contact (<https://service.elsevier.com/app/home/supporthub/shadow-health/>) Patents (</static/patents>)

Cookies are used by this site. [Cookie Settings](#).

Copyright © 2026 Elsevier Inc., its licensors, and contributors. All rights are reserved, including those for text and data mining, AI training, and similar technologies.