Clinical Assessment Checklist  
For  
Head and Neck Injuries

1. History

☐ Mechanism of injury  
☐ Unusual sounds or sensations  
☐ Location, type, and quality of pain  
☐ Previous injury  
☐ Complaints of impaired, blurred, or double vision  
☐ Complaints of headache, dizziness, tinnitus (evidence of associated concussion)  
☐ Complaints of loss of hearing

2. Observation

☐ Swelling, deformity, flattening, or discoloration of facial structures  
☐ Symmetry of facial structures  
☐ Bleeding from nose or around teeth  
☐ Position of eyes bilaterally  
☐ Eyes for size and shape of pupil, corneal surface, hyphema, hyperemia  
☐ Jaw position, malocclusion  
☐ Position and alignment of teeth  
☐ External ear and auditory canal  
☐ Signs and symptoms of head injury (particularly with blows to the jaw)  
☐ Bilateral check

3. Palpation

☐ Forehead, orbital rim, zygomatic arch, maxilla, nasal bones, mandible  
☐ TMJ (clicking, locking, tenderness with movement)  
☐ Soft tissue cartilage of the external ear  
☐ Teeth for looseness, fracture  
☐ Bilateral check

4. Special Tests

☐ Assessment of smell  
☐ Assessment of breathing (nasal passageway)  
☐ Assessment of hearing  
☐ Bite test
5. ROM

☐ Open and closing of mouth (two to three finger widths)
☐ Side-to-side movement of jaw
☐ Eye movement (compare bilaterally and note restriction of movement)

6. Neurological

☐ Evidence of a loss of smell, taste, or hearing may indicate symptoms of head injury
☐ Perform cranial nerve check if any doubt concerning associated head injury