

## REVISED NOTTINGHAM SENSORY ASSESSMENT

Name .....

Examiner .....

Patient code .....

Side of body affected: RIGHT / LEFT / BOTH / NEITHER

Date of Stroke .....

Date of Assessment .....

TACTILE SENSATION												PROPRIOCEPTION
Regions of the body	Light touch		Temperature		Pinprick		Pressure		Tactile Localisation		Bilateral simultaneous touch	
	L	R	L	R	L	R	L	R	L	R		
Face												
Trunk												
Shoulder												
Elbow												
Wrist												
Hand												
Hip												
Knee												
Ankle												
Foot												

### STEREOGNOSIS

10p Coin	
2p Coin	
50p Coin	

Biro	
Pencil	

Comb	
Scissors	

Sponge	
Flannel	

Cup	
Glass	

COMMENTS: e.g. oedema or bruising present, TEDS, presence of reflexes

  
  
  
  

**KEY**

0	Absent
1	Impaired
2	Normal
9	Unable to test

**KEY - Proprioception**

0	Absent
1	Appreciation of Movement (wrong direction)
2	Direction of movement (>10 degrees)
3	Joint Position Sense (< 10 degrees )
9	Unable to test