Cervical Torsion Test

PATIENT INFORMATION

Name: _____ **Date of birth:** _____ dd / mm / yyyy

Clinician name: _____ **Date of test:** _____ dd / mm / yyyy

Test procedureSeat the patient on a swivel chair with hips and knees flexed to 90 degrees.Ask the patient to close their eyes to minimize visual system activity.Fixate the patient's head in a neutral position.Instruct the patient to actively rotate their trunk to one side, aiming for at least 45 degrees and up to 90 degrees.Have the patient hold the rotated position for 30 seconds.Then, ask the patient to return their trunk to the center.Have the patient repeat the same process in the opposite direction.

INTERPRETATION

Select one:

Test Result

◯ Negative: No symptoms observed ◯ Positive

If positive, check the symptoms the patient reported during or immediately after the test:

Positive Symptoms

- ☐ Dizziness
- ☐ Unusual eye movements after opening the eyes after the test
- ☐ Motion sickness or nausea
- ☐ Dysphagia
- ☐ Tinnitus
- ☐ Paresthesia
- ☐ Visual disturbances
- ☐ Speech disturbance
- ☐ Slurred speech
- ☐ Light-headedness
- ☐ Headache

Note: These symptoms may manifest in any of the four positions.

ADDITIONAL NOTES

Specify below:

Clinician: _____ **Date:** _____ dd / mm / yyyy