Modified Mayhew Scale
Neurological Examination Form

Case ID:_____ **Horse Name:**_____

Breed:_____ **Sex: M MC F** **Body Weight:**_____**lb**

Date:_____ **Day on Study:** _____ **Tape#**_____

1) Appetite:

Food Consumption	☐ Normal	☐ Abnormal
Water Consumption	☐ Normal	☐ Abnormal

2) Attitude/Behavior:

Anxious	☐ No	☐ Yes
Apprehensive	☐ No	☐ Yes
Convulsions	☐ No	☐ Yes
Depressed	☐ No	☐ Yes
Head pressing	☐ No	☐ Yes
Nose or lip wrinkled	☐ No	☐ Yes
Shaking head	☐ No	☐ Yes
Tongue hanging our	☐ No	☐ Yes

3) Head Evaluation:

Tilt	☐ No	☐ Yes
Nonsymmetric	☐ No	☐ Yes
Lip droop/salivation	☐ No	☐ Yes
Intention tremor	☐ No	☐ Yes
Abnormal sensation	☐ No	☐ Yes
Abnormal swallow (gag)	☐ No	☐ Yes
Abnormal tongue tone	☐ No	☐ Yes

Other:

Cranial Nerves	**Left**		**Right**	
Vision	☐ Normal	☐ Abnormal	☐ Normal	☐ Abnormal
Pupil size/symmetry	☐ Normal	☐ Abnormal	☐ Normal	☐ Abnormal
Pupillary light reflex	☐ Normal	☐ Abnormal	☐ Normal	☐ Abnormal
Menace response	☐ Normal	☐ Abnormal	☐ Normal	☐ Abnormal
Blink to bright light	☐ Normal	☐ Abnormal	☐ Normal	☐ Abnormal
Corneal reflex	☐ Normal	☐ Abnormal	☐ Normal	☐ Abnormal
Physiologic strabismus	☐ Normal	☐ Abnormal	☐ Normal	☐ Abnormal
Physiologic nystagmus	☐ Normal	☐ Abnormal	☐ Normal	☐ Abnormal
Facial muscle tone	☐ Normal	☐ Abnormal	☐ Normal	☐ Abnormal
Mastication muscle tone	☐ Normal	☐ Abnormal	☐ Normal	☐ Abnormal

4) Body Evaluation:

Body Sensation	**Left**		**Right**	
Neck	☐ Normal	☐ Abnormal	☐ Normal	☐ Abnormal
Trunk	☐ Normal	☐ Abnormal	☐ Normal	☐ Abnormal
Limbs	☐ Normal	☐ Abnormal	☐ Normal	☐ Abnormal
Quarter	☐ Normal	☐ Abnormal	☐ Normal	☐ Abnormal
Perianal	☐ Normal	☐ Abnormal	☐ Normal	☐ Abnormal

Muscle Tone	**Left**		**Right**	
Neck	☐ Normal	☐ Abnormal	☐ Normal	☐ Abnormal
Back	☐ Normal	☐ Abnormal	☐ Normal	☐ Abnormal
Limbs	☐ Normal	☐ Abnormal	☐ Normal	☐ Abnormal
Quarter	☐ Normal	☐ Abnormal	☐ Normal	☐ Abnormal
Tail	☐ Normal	☐ Abnormal	☐ Normal	☐ Abnormal
Other:_____	☐ Normal	☐ Abnormal	☐ Normal	☐ Abnormal

Case ID: _____ **Horse Name:**_____

Date:_____ **Day on Study:**_____ **Tape:**_____

5) Gait Evaluation:

Gait Symmetry (describe):	**Walking**		**Worsens with Head Raised**	
Truncal swaying	☐ No	☐ Yes	☐ No	☐ Yes
Toe dragging	☐ No	☐ Yes	☐ No	☐ Yes
(if yes, which limb(s)): _____				
Inconsistent liimb placement	☐ No	☐ Yes	☐ No	☐ Yes
Limb interference	☐ No	☐ Yes	☐ No	☐ Yes
(if yes, which limb(s)): _____				
Pacing	☐ No	☐ Yes	☐ No	☐ Yes
Spasticity	☐ No	☐ Yes	☐ No	☐ Yes

Circling left:

Circumduction RR limb ☐ No ☐ Yes _____

Toe dragging ☐ No ☐ Yes (if yes, which limb: _____)

Other: _____

Circling right:

Circumduction LR limb ☐ No ☐ Yes _____

Toe dragging ☐ No ☐ Yes (if yes, which limb: _____)

Other: _____

Placing Reactions:	**Left**		**Right**	
Front	☐ Normal	☐ Abnormal	☐ Normal	☐ Abnormal
Rear	☐ Normal	☐ Abnormal	☐ Normal	☐ Abnormal

Hoofwear:

Front	☐ Normal	☐ Abnormal	☐ Normal	☐ Abnormal
Rear	☐ Normal	☐ Abnormal	☐ Normal	☐ Abnormal

Backing:

Toe dragging	☐ No	☐ Yes (if yes, which limb(s): _____)	
Pacing	☐ No	☐ Yes (if yes, which limb(s): _____)	
Inconsistent placement	☐ No	☐ Yes (if yes, which limb(s): _____)	
Tail pull	☐ Strong	☐ Weak	
Lesion localization	☐ Focal	☐ Multifocal	☐ Unclear

Site of Lesion _____

Grade Scale for Spinal Ataxia: 0 to 5 (5 being the worst)_____

Veterinarian Signature _____

Date **_____**

Form designed by Dr. Clara Fenger