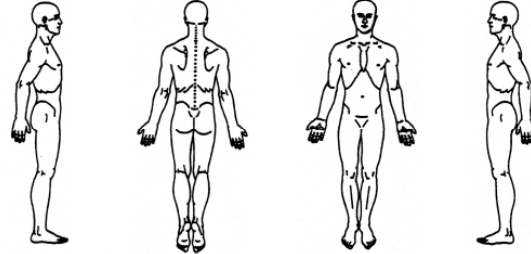


## PATIENT ASSESSMENT FORM

Date of initial: \_\_\_\_\_ Date of Re-eval: \_\_\_\_\_  
 Patient Name: \_\_\_\_\_  
 Sex: M F Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
 Appearance: Slim Normal Muscular  
 Overweight Obese  
 Ambulation: Normal Gaured Difficulty Non-Ambulatory  
 Observations:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



VITALS			RANGE OF MOTION					
	Initial	2 <sup>nd</sup>	Cervical		Lumbar		Shoulder	
BP-L			Flexion	/45	Flexion	/90	Flexion	/180
BP-R			Extension	/55	Extension	/30	Extension	/40
Pulse			L Rotation	/70	L Rotation	/30	Internal Rotation	/70
Resp			R Rotation	/70	R Rotation	/30	External Rotation	/90
Temp			L lateral flex	/45	L lateral Flex	/20	Abduction	/180
			R Lateral Flex	/45	R lateral Flex	/20	Adduction	/30

Neurological DTR	Itl R/L	2 <sup>nd</sup> R/L	Neurological DTR	Itl R/L	2 <sup>nd</sup> R/L	Neurological DTR	Itl R/L	2 <sup>nd</sup> R/L
Biceps (C5-6)	/	/	Deltoid (C5)	/5 /5	/5 /5		/5 /5	/5 /5
Brachio (C5-6)	/	/	Elbow Flex (C6)	/5 /5	/5 /5	Quads	/5 /5	/5 /5
Triceps (C7)	/	/	Wrist Ext (C6)	/5 /5	/5 /5	Hip ADD	/5 /5	/5 /5
Patellar (L4)	/	/	Elbow Ext (C7)	/5 /5	/5 /5	Hip ABD	/5 /5	/5 /5
Med Ham (L5)	/	/	Wrist Flex (C7)	/5 /5	/5 /5	Ankle Sup (L4)	/5 /5	/5 /5
Achilles (S1)	/	/	Finger Flex (C8)	/5 /5	/5 /5	Ext Hall Long (L5)	/5 /5	/5 /5
			Finger Abd (T1)	/5 /5	/5 /5	Ankle Pron (S1)	/5 /5	/5 /5



**Patient Name:** \_\_\_\_\_

C/Spine Ortho	Itl	2 <sup>nd</sup>	Shoulder Ortho	Itl	2 <sup>nd</sup>	L/Spine Ortho	Itl	2 <sup>nd</sup>	Knee Ortho	Itl	2 <sup>nd</sup>
Kemps	+	+ -	Painful Arc	+ -	+ -	Valsalva	+	+ -	Mod Helfet	+ -	+ -
Jacksons	-	+ -	Neer's	+ -	+ -	Kemp's	+	+ -	Varus Stress	+ -	+ -
Spurlings	+	+ -	Yergason's	+ -	+ -	Heel Walk (L5)	+	+ -	Valgus Stress	+ -	+ -
Compression	+	+ -	Speed's	+ -	+ -	Toe Walk (S1)	+	+ -	Ant Drawer	+ -	+ -
Distraction	+	+ -	Drop Arm	+ -	+ -	SLR	+	+ -	Slocum's	+ -	+ -
Valsalva	+	+ -	Empty Can	+ -	+ -	SLR Dorsi	+	+ -	Post Drawer	+ -	+ -
C/S Doorbell	+	+ -	Hawk-Ken	+ -	+ -	Thomas	+	+ -	Hyperext	+ -	+ -
Soto-Hall	+	+ -	Lift-Off	+ -	+ -	Patrick (FABER)	+	+ -	Comp/Dist	+ -	+ -
Bakodys	+	+ -	Int Rot	+ -	+ -	Gaenslen's	+	+ -	Joint Line Tender	+ -	+ -
Adsons	+	+ -	Ext Rot	+ -	+ -	Psoas	+	+ -	McMurray's	+ -	+ -
Roo's (EAST)	+	+ -	Int Rot (90 )	+ -	+ -	SI Comp	+	+ -	Clarke's	+ -	+ -
Wright's	+	+ -	Ext Rot (90)	+ -	+ -	Yeoman's	+	+ -	Patellar Grind	+ -	+ -
Kernig's	+	+ -	Ant Appre	+ -	+ -	Ely's	+	+ -	Apprehension	+ -	+ -
Brudzinski's	+	+ -	Post Appre	+ -	+ -	Hibb's	+	+ -	Noble Comp	+ -	+ -
L'hermitte's	+	+ -	Horizontal Add	+ -	+ -	I.L.L.	+	+ -	Ober's	+ -	+ -
			O'Brien's	+ -	+ -	Sciatic Notch	+	+ -			
			Mimori's	+ -	+ -						
			Load and Shift	+-	+-						

**Subluxations:**

Spine	Pelvis	Lower	Upper
<input type="checkbox"/> Cervical <input type="checkbox"/> Thoracic <input type="checkbox"/> Lumbar <input type="checkbox"/> Rib	<input type="checkbox"/> Sacrum <input type="checkbox"/> R Ilium <input type="checkbox"/> L Ilium	<input type="checkbox"/> Fibula <input type="checkbox"/> Ankle	<input type="checkbox"/> Shoulder <input type="checkbox"/> Elbow <input type="checkbox"/> Wrist

**Patient Name:** \_\_\_\_\_

**Soft Tissue:**

Spine	Upper Extremity		Lower Extremity						
<input type="checkbox"/> Rectus Capitis	<input type="checkbox"/> Trapezius	<input type="checkbox"/> Ligament of Struthers	<input type="checkbox"/> Psoas	<input type="checkbox"/> Popliteus					
<input type="checkbox"/> Obliques	<input type="checkbox"/> Levator Scapulae	<input type="checkbox"/> Flexor Carpi Ulnaris	<input type="checkbox"/> Intertransverse	<input type="checkbox"/> Gastrocnemius/ Soleus					
<input type="checkbox"/> Scalenes	<input type="checkbox"/> Rhomboid	<input type="checkbox"/> Flexor Digitorum LB	<input type="checkbox"/> Iliacus	<input type="checkbox"/> Tibialis Posterior					
<input type="checkbox"/> Sternocleidomastoid	<input type="checkbox"/> Serratus Post Sup	<input type="checkbox"/> Palmaris Longus	<input type="checkbox"/> Gluteus Max	<input type="checkbox"/> Flexor Digitorum Longus					
<input type="checkbox"/> Longissimus Capitis	<input type="checkbox"/> Suoraspinatus	<input type="checkbox"/> Pronator Teres	<input type="checkbox"/> Gluteus Med/ Min	<input type="checkbox"/> Peroneus Tertius					
<input type="checkbox"/> Trapezius	<input type="checkbox"/> Teres Minor	<input type="checkbox"/> Pronator Quadratus	<input type="checkbox"/> Piriformis	<input type="checkbox"/> Tibialis Anterior					
<input type="checkbox"/> Cervical Extensors	<input type="checkbox"/> Infraspinatus	<input type="checkbox"/> Flexor Pollicis Longus	<input type="checkbox"/> Superior Gemellus	<input type="checkbox"/> Extensor Digi Longus					
<input type="checkbox"/> Cervical Transversospinalis	<input type="checkbox"/> Lat Dorsi	<input type="checkbox"/> Flexor Pollicis Brevis	<input type="checkbox"/> Obturator Internus	<input type="checkbox"/> Extensor Hallucis Longus					
<input type="checkbox"/> Longus Colli/ Capitis	<input type="checkbox"/> Subscapularis	<input type="checkbox"/> Abductor Pollicis	<input type="checkbox"/> Inferior Gamellus	<input type="checkbox"/> Extensor Hallucis Brevis					
<input type="checkbox"/> Diastric	<input type="checkbox"/> Deltoid	<input type="checkbox"/> Adductor Pollicis	<input type="checkbox"/> Quadractus Femoris	<input type="checkbox"/> Interossei					
<input type="checkbox"/> Pterygoids	<input type="checkbox"/> Pectoralis Major	<input type="checkbox"/> Hypothenars	<input type="checkbox"/> Sacral Ligaments	<input type="checkbox"/> Plantar Aponeurosis					
<input type="checkbox"/> Thoracic Extensors	<input type="checkbox"/> Pectoralis Minor	<input type="checkbox"/> Tunner of Guyon	<input type="checkbox"/> Rectus Femoris	<input type="checkbox"/> Quadratus Plantae					
<input type="checkbox"/> Thoracic Transversospinalis	<input type="checkbox"/> Subclavius	<input type="checkbox"/> Transverse Carp Lig	<input type="checkbox"/> Vastus Medialis	<input type="checkbox"/> Flexor Digitorum Brevis					
<input type="checkbox"/> Levator Costarum	<input type="checkbox"/> Serratus Anterior	<input type="checkbox"/> Palmar Fascis	<input type="checkbox"/> Vastus Intermedius	<input type="checkbox"/> Flexor Hallucis Brevis					
<input type="checkbox"/> Levator Costarum Thoracic	<input type="checkbox"/> Coracobrachialis	<input type="checkbox"/> Lumbricals Interossei	<input type="checkbox"/> Iliotibial Band	<input type="checkbox"/> Abductor Hallucis					
<input type="checkbox"/> Intertransversarii	<input type="checkbox"/> Biceps		<input type="checkbox"/> Tensor Fascia Latae	<input type="checkbox"/> Adductor Hallucis					
<input type="checkbox"/> Intercostals	<input type="checkbox"/> Brachialis		<input type="checkbox"/> Knee Capsule	<input type="checkbox"/> Plantar Hallucis					
<input type="checkbox"/> Abdominals	<input type="checkbox"/> Brachioradialis		<input type="checkbox"/> Pectineus	<input type="checkbox"/> Flexor Digiti Minimi					
<input type="checkbox"/> Lumbar Extensors	<input type="checkbox"/> Extensor Carpi Radialis		<input type="checkbox"/> Obturator Externus						
<input type="checkbox"/> Quadratus Lumborum	<input type="checkbox"/> Supinator		<input type="checkbox"/> Adductors						
<input type="checkbox"/> Lumbar Transversospinalis	<input type="checkbox"/> Anconeus		<input type="checkbox"/> Gracilis						
<input type="checkbox"/> Lumbar Intertransverse	<input type="checkbox"/> Triceps		<input type="checkbox"/> Sartorius						
			<input type="checkbox"/> Hamstrings L M						
<b>Better Spasm</b>	<b>Unchanged Tender</b>	<b>Worse</b>	<b>Adhesion</b>	<b>Entrapped Nerve</b>	<b>Hypermobile</b>	<b>Inflammation</b>	<b>Numbness</b>	<b>Paresthesia</b>	<b>Rom</b>

**Assessment**

Affected by:

Work activities    Work intensity    other conditions    activities    re-injury

Diagnosis/ Notes:

\_\_\_\_\_

Treatment Plan:

Daily    Weekly    3x/week    2x/ week    1x/week   for  weeks before re-evaluation

Patient instructions:

Heat    Ice    Stretches (list below)



