

Patient Initials _____ Age _____ Gender _____

LUMBAR SPINE

Subjective:	
MOI:	DOI:
Agg. Factors:	Easing Factors:
Irritability: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> High	PMHx:
Sleep: Prefers: Current:	Goals:

Vitals	BP	HR
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AROM * = Pain		Overpressure	Functional Tests
Flexion Extension L Sidebend R Sidebend Combined Movements			<input type="checkbox"/> Squat <input type="checkbox"/> Heel walk (L4) <input type="checkbox"/> Toe walk (S1) <input type="checkbox"/> Other
Neurodynamics	Myotomes	Dermatomes	Reflexes
Slump L +/- R +/- SLR L +/- R +/-	L R L1 <input type="checkbox"/> <input type="checkbox"/> L2 <input type="checkbox"/> <input type="checkbox"/> L3 <input type="checkbox"/> <input type="checkbox"/> L4 <input type="checkbox"/> <input type="checkbox"/> L5 <input type="checkbox"/> <input type="checkbox"/> S1 <input type="checkbox"/> <input type="checkbox"/>	L R L1 <input type="checkbox"/> <input type="checkbox"/> L2 <input type="checkbox"/> <input type="checkbox"/> L3 <input type="checkbox"/> <input type="checkbox"/> L4 <input type="checkbox"/> <input type="checkbox"/> L5 <input type="checkbox"/> <input type="checkbox"/> S1 <input type="checkbox"/> <input type="checkbox"/>	___ Patellar (L4) ___ Hamstrings (L5) ___ Achilles (S1) ___ Babinski
MMT	Special Tests		Joint Mobility
Abdominals / 5 Glute max L / 5 R / 5 Glute med L / 5 R / 5	Leg Length PAs Prone Instability Thomas Ober's	Pain @ _____ +/- L +/- R +/- L +/- R +/-	
Hip Scan	Hip AROM/PROM		
Scour L +/- R +/- FABER L +/- R +/-	Flex Ext	IR ER	Abd Add

Other:

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CERVICAL SPINE

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Irritability: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> High	PMHx:
Sleep: Prefers: Current:	Goals:

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AROM * = Pain		Overpressure		Special Tests																								
Flexion Extension L Sidebend R Sidebend L Rotation R Rotation Combined Movements				+ / - Compression + / - Distraction + / - Spurlings + / - Sharp Purser																								
Neurodynamics		Myotomes		Reflexes																								
Median L +/- R +/- Ulnar L +/- R +/- Radial L +/- R +/-	<table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%; text-align: center;">L</th> <th style="width: 50%; text-align: center;">R</th> </tr> <tr> <td>C5 <input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>C6 <input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>C7 <input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>C8 <input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>T1 <input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	L	R	C5 <input type="checkbox"/>	<input type="checkbox"/>	C6 <input type="checkbox"/>	<input type="checkbox"/>	C7 <input type="checkbox"/>	<input type="checkbox"/>	C8 <input type="checkbox"/>	<input type="checkbox"/>	T1 <input type="checkbox"/>	<input type="checkbox"/>	<table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%; text-align: center;">L</th> <th style="width: 50%; text-align: center;">R</th> </tr> <tr> <td>C5 <input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>C6 <input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>C7 <input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>C8 <input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>T1 <input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	L	R	C5 <input type="checkbox"/>	<input type="checkbox"/>	C6 <input type="checkbox"/>	<input type="checkbox"/>	C7 <input type="checkbox"/>	<input type="checkbox"/>	C8 <input type="checkbox"/>	<input type="checkbox"/>	T1 <input type="checkbox"/>	<input type="checkbox"/>	___ Biceps (C5/6) ___ Brachioradialis (C6) ___ Triceps (C7) ___ Hoffman's	
L	R																											
C5 <input type="checkbox"/>	<input type="checkbox"/>																											
C6 <input type="checkbox"/>	<input type="checkbox"/>																											
C7 <input type="checkbox"/>	<input type="checkbox"/>																											
C8 <input type="checkbox"/>	<input type="checkbox"/>																											
T1 <input type="checkbox"/>	<input type="checkbox"/>																											
L	R																											
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C6 <input type="checkbox"/>	<input type="checkbox"/>																											
C7 <input type="checkbox"/>	<input type="checkbox"/>																											
C8 <input type="checkbox"/>	<input type="checkbox"/>																											
T1 <input type="checkbox"/>	<input type="checkbox"/>																											
Thoracic Spine		Shoulder		Strength																								
				DNF																								
				Joint Mobility																								

Other:

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SHOULDER

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Irritability: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> High	PMHx:
Sleep: Prefers: Current:	Goals:

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Motion * = Pain	AROM	PROM	Functional Movements
Flexion	L R	L R	<input type="checkbox"/> Hand Behind Back <input type="checkbox"/> Hand Behind Head <input type="checkbox"/> Reach Across Body
Abduction	L R	L R	
ER	L R	L R	
IR at 90 deg	L R	L R	
ER at 90 deg	L R	L R	
MMT		Special Tests	
Flexion	L / 5 R / 5	Yocum's	L +/- R +/-
Abduction	L / 5 R / 5	Yergason's	L +/- R +/-
ER (neutral)	L / 5 R / 5	Obrien's	L +/- R +/-
IR (neutral)	L / 5 R / 5	_____	L +/- R +/-
Cervical Spine	Thoracic Spine	ST Joint	GH Joint Mobility
AROM Ext Quadrant Reproduces Pain Y / N			

Other:

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ELBOW/WRIST/HAND

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Irritability: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> High	PMHx:
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Elbow ROM * = Pain	AROM / PROM		MMT			
Flexion	L	R	Flex	L / 5	R / 5	
Extension	L	R	Ext	L / 5	R / 5	
Pronation	L	R	Pro	L / 5	R / 5	
Supination	L	R	Sup	L / 5	R / 5	
Wrist ROM * = Pain	AROM / PROM		MMT			
Flexion	L	R	Flex	L / 5	R / 5	
Extension	L	R	Ext	L / 5	R / 5	
Rad. Dev.	L	R	Rad. Dev.	L / 5	R / 5	
Ulnar Dev.	L	R	Ulnar Dev.	L / 5	R / 5	
			Grip	L #	R #	
Special Tests - Elbow			Special Tests - Wrist			
Valgus	L +/-	R +/-	Press Test	L +/-	R +/-	
Varus	L +/-	R +/-	Tinel's	L +/-	R +/-	
Long Finger Test	L +/-	R +/-	Finkelstein	L +/-	R +/-	
Tinel's	L +/-	R +/-				
Thoracic Spine	Cervical Spine		Joint Mobility			
	ULTT?					

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HIP

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Irritability: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> High	PMHx:
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Gait					
ROM * = Pain	AROM	PROM	Functional Tests		
Flexion	L R	L R	<input type="checkbox"/> Squat		
IR at 90	L R	L R	<input type="checkbox"/> Step Up L / R		
ER at 90	L R	L R	<input type="checkbox"/> Other		
Abduction	L R	L R			
Adduction	L R	L R			
Extension	L R	L R			
Neurodynamics	MMT		Reflexes		
Slump L +/- R +/-	Hip Flexor	L /5 R /5	___ Patellar (L4)		
SLR L +/- R +/-	IR	L /5 R /5	___ Hamstrings (L5)		
	ER	L /5 R /5	___ Achilles (S1)		
	Glute Med	L /5 R /5			
	Glute Max	L /5 R /5			
Hip OA CPR	Special Tests		Lumbar Spine		
<input type="checkbox"/> Hip pain	Leg Length				
<input type="checkbox"/> Pain with hip internal rotation	Scour	L +/- R +/-			
<input type="checkbox"/> Morning stiffness ≤1 hour	Thomas	L +/- R +/-			
<input type="checkbox"/> >50 years	Ober's	L +/- R +/-			
	Ely's	L +/- R +/-			

Other:

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KNEE

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Knee ROM * = Pain	AROM		PROM		Gait
Flexion	L	R	L	R	
Extension	L	R	L	R	
Ankle ROM * = Pain	AROM		PROM		
Dorsiflexion	L	R	L	R	
MMT			Ligaments		Palpation
HS	L / 5	R / 5	Valgus		
Quads	L / 5	R / 5	Varus		
Quads at 45°	L / 5	R / 5	Lachman		
Glute Med	L / 5	R / 5	Post. Drawer		
Glute Max	L / 5	R / 5			
Functional Tests	Special Tests				Hip
<input type="checkbox"/> Squat	Leg Length				
<input type="checkbox"/> Single Leg Squat	Thessaly		L +/-	R +/-	
<input type="checkbox"/> Step Up L / R	McMurray's		L +/-	R +/-	
<input type="checkbox"/> Other	Thomas		L +/-	R +/-	
	Ober's		L +/-	R +/-	
	Apprehension		L +/-	R +/-	

Other:

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ANKLE

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Ankle ROM * = Pain	AROM	PROM	MMT
Dorsiflexion	L R	L R	L / 5 R / 5
Plantarflexion	L R	L R	L / 5 R / 5
Inversion	L R	L R	L / 5 R / 5
Eversion	L R	L R	L / 5 R / 5
Special Tests		Knee/Hip	Functional Tests
Leg Length			<input type="checkbox"/> Squat
Anterior Drawer	L +/- R +/-		<input type="checkbox"/> Single Leg Squat
Thompson	L +/- R +/-		<input type="checkbox"/> Single Leg
Navicular Drop	L +/- R +/-		Balance
Windlass	L +/- R +/-		<input type="checkbox"/> Other
MMT		Ligaments	
HS	L / 5 R / 5	ATFL	L R
Quads	L / 5 R / 5	CFL	L R
Quads at 45°	L / 5 R / 5	PTFL	L R
Glute Med	L / 5 R / 5	Deltoid	L R
Glute Max	L / 5 R / 5	Distal Tib/Fib	L R
Lumbar		Gait	

Other: