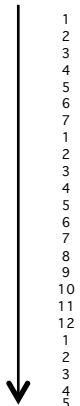


Patient Name _____ Date _____

Palpation



KEY

- Guarding
- ////
- Spasm ∃
- Tenderness x
- Hypertrophy

Affect: Pleasant O Cooperative O Agitated O Angry O Anxious O
Preoccupied O Inappropriate O

Undress/Redress _____

Romberg + O - O Gait: Normal O Antalgic O Straight line walk: Normal O Abnormal O

Lehremite + O - O Spurling Right + O - O Left + O - O

Plumb line (in cms) (- = left + = right) _____ sitting P.B. _____

Shoulder height: Equal O Right high O Left high O ____ cms

Balance Sagittal

Balance Coronal

Cervical Lordosis N O Decreased O Increased O

Cervical Normal O Right O Left O

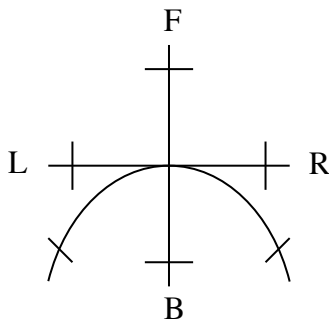
Thoracic Kyphosis N O Decreased O Increased O

Thoracic Normal O Right O Left O

Lumbar Lordosis N O Decreased O Increased O

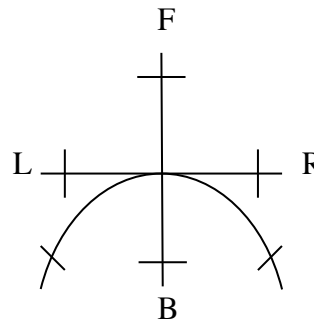
Lumbar Normal O Right O Left O

Overall neck on pelvis N O Anterior O Posterior O



Cervical Movements

(in degrees or %)
Pain restriction = x
Blocked = □
Voluntary = ?



Thoraco-Lumbar Movements

Flex fingers to _____
Chest Expansion (cms)

Gower Yes O No O

C5	_____	_____
C6	_____	_____
C7	_____	_____
C8	_____	_____
T1	_____	_____
T2	_____	_____

Sensation

L1	_____	_____
L2	_____	_____
L3	_____	_____
L4	_____	_____
L5	_____	_____
S1	_____	_____
Perianal	_____	_____

	Right	Left
B	_____	_____
T	_____	_____
BR	_____	_____
Hof	_____	_____

Reflexes

0 = Absent
1 = Hypo
2 = Hyper

	Right	Left
K	_____	_____
A	_____	_____
Clo	_____	_____
Bab	_____	_____

	Right	Left
_____	_____	D
_____	_____	B
_____	_____	WE
_____	_____	T
_____	_____	WF
_____	_____	FE
_____	_____	GR
_____	_____	FAb
_____	_____	Grasp
_____	_____	Release

Power

	Right	Left
_____	_____	HF (L1, 2)
_____	_____	HAd
_____	_____	Q (L3)
_____	_____	TA (L4)
_____	_____	EHL (L5)
_____	_____	HAB (L5)
_____	_____	HEx
_____	_____	GS (S1)
_____	_____	Peroneal (S1)
_____	_____	Hamis (S2)

NAME: _____

	R	L	
Sitting SLR (°)	____	____	
SLR (°)	____	____	<i>Back Pain = 1</i>
Bowstring	____	____	<i>Leg pain = 2</i>
FST	____	____	<i>Back + Leg Pain = 3</i>

(mark only if (+) ve)

	R	L	
SI Ant	O	O	_____
SI Posterior	O	O	_____
Hips	O	O	_____
Knees	O	O	_____
Pelvic square	Yes O No O		
Limb lengths	equal O		
	R>L O	_____cms	
	L>R O	_____cms	

	R	L
<i>Mark only if (+) ve</i>		
Shoulder	O	O
Elbow	O	O
Cubital tunnel	O	O
Carpal tunnel	O	O
Radial Pulse	O	O
Roos - 3 minutes	O	O
Arm Span _____cms		
Toe walk		O O
Heel walk		O O
Step-stool		O O
Single stance		O O
Dorsalis Pedis		O O

INVESTIGATION

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DIAGNOSIS / SUMMARY: