



**1. OBSERVATIONS**

**a. Body Type:**

- Ectomorph (Lean/Skinny)
- Endomorph (Large Abdomen/Rounded-Average)
- Mesomorph (Muscular/Robust)
- Obese

**b. Presentation:**

- Erect

Cervical	Torticollis:	<input type="radio"/> Left	<input type="radio"/> Right	
		<input type="radio"/> Slight	<input type="radio"/> Moderate	<input type="radio"/> Severe
	Antalgic:	<input type="radio"/> Left	<input type="radio"/> Right	<input type="radio"/> Flexion Antalgia
		<input type="radio"/> Slight	<input type="radio"/> Moderate	<input type="radio"/> Severe
Torso/Lumbar	Antalgic:	<input type="radio"/> Left	<input type="radio"/> Right	<input type="radio"/> Flexion Antalgia
		<input type="radio"/> Slight	<input type="radio"/> Moderate	<input type="radio"/> Severe

**c. Ambulation:**

- Normal
- Difficulty:  Slight  Moderate  Severe
- With Assistance
- Non-Ambulatory

**d. General**

Head Tilt	<input type="radio"/> L	<input type="radio"/> R
High Ear	<input type="radio"/> L	<input type="radio"/> R
High Shoulder	<input type="radio"/> L	<input type="radio"/> R
High Ilium	<input type="radio"/> L	<input type="radio"/> R
Winged Scapula	<input type="radio"/> L	<input type="radio"/> R

**e. Cervical**

Translation	<input type="radio"/> L	<input type="radio"/> R	<input type="radio"/> A	<input type="radio"/> P
Lateral Flexion	<input type="radio"/> L	<input type="radio"/> R		
Rotation	<input type="radio"/> L	<input type="radio"/> R		
Flexion			<input type="radio"/> F	
Extension			<input type="radio"/> E	

**f. Torso**

Translation	<input type="radio"/> L	<input type="radio"/> R	<input type="radio"/> A	<input type="radio"/> P
Lateral Flexion	<input type="radio"/> L	<input type="radio"/> R		
Rotation	<input type="radio"/> L	<input type="radio"/> R		
Flexion			<input type="radio"/> F	
Extension			<input type="radio"/> E	

**g. Pelvis**

Translation	<input type="radio"/> L	<input type="radio"/> R	<input type="radio"/> A	<input type="radio"/> P
Rotation	<input type="radio"/> L	<input type="radio"/> R		
Flexion			<input type="radio"/> F	
Extension			<input type="radio"/> E	

**h. Feet**

Left	<input type="radio"/> HB	<input type="radio"/> HD	<input type="radio"/> P	<input type="radio"/> S	<input type="radio"/> L	<input type="radio"/> E
	<input type="radio"/> Hyper	<input type="radio"/> Hypo	<input type="radio"/> Pes Planus	<input type="radio"/> Supination (high arch)	<input type="radio"/> Inversion	<input type="radio"/> Eversion
Right	<input type="radio"/> HB	<input type="radio"/> HD	<input type="radio"/> P	<input type="radio"/> S	<input type="radio"/> L	<input type="radio"/> E

**2. LEG LENGTH DEFICIENCY**

- Legs Balanced

	<input type="radio"/> L	<input type="radio"/> R	<input type="radio"/> 1/8	<input type="radio"/> 1/4	<input type="radio"/> 3/8	<input type="radio"/> 1/2	<input type="radio"/> 5/8	<input type="radio"/> 3/4	<input type="radio"/> 7/8	<input type="radio"/> 1	<input type="radio"/> 1 1/4	<input type="radio"/> 1 1/2	<input type="radio"/> 1 3/4	<input type="radio"/> 2
Supine	<input type="radio"/> L	<input type="radio"/> R	<input type="radio"/> 1/8	<input type="radio"/> 1/4	<input type="radio"/> 3/8	<input type="radio"/> 1/2	<input type="radio"/> 5/8	<input type="radio"/> 3/4	<input type="radio"/> 7/8	<input type="radio"/> 1	<input type="radio"/> 1 1/4	<input type="radio"/> 1 1/2	<input type="radio"/> 1 3/4	<input type="radio"/> 2
Prone	<input type="radio"/> L	<input type="radio"/> R	<input type="radio"/> 1/8	<input type="radio"/> 1/4	<input type="radio"/> 3/8	<input type="radio"/> 1/2	<input type="radio"/> 5/8	<input type="radio"/> 3/4	<input type="radio"/> 7/8	<input type="radio"/> 1	<input type="radio"/> 1 1/4	<input type="radio"/> 1 1/2	<input type="radio"/> 1 3/4	<input type="radio"/> 2
Anatomical	<input type="radio"/> L	<input type="radio"/> R	<input type="radio"/> 1/8	<input type="radio"/> 1/4	<input type="radio"/> 3/8	<input type="radio"/> 1/2	<input type="radio"/> 5/8	<input type="radio"/> 3/4	<input type="radio"/> 7/8	<input type="radio"/> 1	<input type="radio"/> 1 1/4	<input type="radio"/> 1 1/2	<input type="radio"/> 1 3/4	<input type="radio"/> 2
Other 1	<input type="radio"/> L	<input type="radio"/> R	<input type="radio"/> 1/8	<input type="radio"/> 1/4	<input type="radio"/> 3/8	<input type="radio"/> 1/2	<input type="radio"/> 5/8	<input type="radio"/> 3/4	<input type="radio"/> 7/8	<input type="radio"/> 1	<input type="radio"/> 1 1/4	<input type="radio"/> 1 1/2	<input type="radio"/> 1 3/4	<input type="radio"/> 2
Other 2	<input type="radio"/> L	<input type="radio"/> R	<input type="radio"/> 1/8	<input type="radio"/> 1/4	<input type="radio"/> 3/8	<input type="radio"/> 1/2	<input type="radio"/> 5/8	<input type="radio"/> 3/4	<input type="radio"/> 7/8	<input type="radio"/> 1	<input type="radio"/> 1 1/4	<input type="radio"/> 1 1/2	<input type="radio"/> 1 3/4	<input type="radio"/> 2
Cervical Dependent	<input type="radio"/> S	<input type="radio"/> P	<input type="radio"/> O1	<input type="radio"/> O2										
Pelvic Dependent	<input type="radio"/> S	<input type="radio"/> P	<input type="radio"/> O1	<input type="radio"/> O2										

**3. ORTHOPEDIC TESTS**

a. Adam's Sign	<input type="radio"/> (-)	<input type="radio"/> (+)	<input type="radio"/> Functional Scoliosis	<input type="radio"/> Structural Scoliosis	<input type="radio"/> Sciatica
	<input type="radio"/> (-)	<input type="radio"/> (+)	<input type="radio"/> Pain	<input type="radio"/> Pain	<input type="radio"/> Pain

**4. OF ADDITIONAL NOTE**

A  B  C  D  E  F  G  H  I  J  K  L

**1. CEREBROVASCULAR FUNCTION**

**a. Carotid Pulsations**

	0	1	2	3	4
Left	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
Right	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4

**b. Bruits**

		Absent	Present
Carotid	Left	<input type="radio"/> A	<input type="radio"/> P
	Right	<input type="radio"/> A	<input type="radio"/> P
Subclavian	Left	<input type="radio"/> A	<input type="radio"/> P
	Right	<input type="radio"/> A	<input type="radio"/> P

**c. Craniocervical Functional Maneuver**

	Negative	Positive	Findings
Left	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> F
Right	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> F

**2. CRANIAL NERVES**

- Cranial Nerves I-XII Intact / Except:

Nerve	Abnormal	Nerve	Abnormal	Nerve	Abnormal
CNI	Olfac <input type="radio"/>	CNV	Trigem <input type="radio"/>	CNIX	Glosso <input type="radio"/>
CNII	Optic <input type="radio"/>	CNVI	Abduc <input type="radio"/>	CNX	Vagus <input type="radio"/>
CNIII	Oculo <input type="radio"/>	CNVII	Facial <input type="radio"/>	CNXI	Sp.Acc <input type="radio"/>
CNIV	Troch <input type="radio"/>	CNVIII	Vst-Ac <input type="radio"/>	CNXII	Hypogl <input type="radio"/>

**Findings:**

1  2  3

4  5  6

7  8  9

10  11  12

**3. CEREBELLAR FUNCTION**

**a. Gait**

- Normal
- Spastic Hemiparesis
- Spastic Diplegia
- Steppage
- Cerebellar Ataxia
- Sensory Ataxia

**b. Rapidly Alternating Movements**

	Quickly and Accurately	Moderate Incoordination	Clumsily	Unable to perform
Left	<input type="radio"/> QA	<input type="radio"/> MI	<input type="radio"/> C	<input type="radio"/> UP
Right	<input type="radio"/> QA	<input type="radio"/> MI	<input type="radio"/> C	<input type="radio"/> UP

**c. Heel To Shin**

	Quickly and Accurately	Moderate Incoordination	Clumsily	Unable to perform
Left	<input type="radio"/> QA	<input type="radio"/> MI	<input type="radio"/> C	<input type="radio"/> UP
Right	<input type="radio"/> QA	<input type="radio"/> MI	<input type="radio"/> C	<input type="radio"/> UP

**d. Romberg's Test**

- Negative
- Positive

**e. Finger To Finger**

- Smoothly & Easily
- Positive

**f. Finger To Nose**

- Smoothly & Easily
- Positive

**g. Other 1**

(-)  (+)

**h. Other 2**

(-)  (+)

4. DEEP TENDON REFLEXES

	Left						Right					
	0	1	2	3	4	5	0	1	2	3	4	5
○ Grade 2 and Symmetric / Except:												
Biceps (C5)	⓪	Ⓛ	2	3	4	5	⓪	Ⓛ	2	3	4	5
Brachioradialis (C6)	⓪	Ⓛ	2	3	4	5	⓪	Ⓛ	2	3	4	5
Triceps (C7)	⓪	Ⓛ	2	3	4	5	⓪	Ⓛ	2	3	4	5
(2=Normal)												
○ Grade 2 and Symmetric / Except:												
Patellar (L4)	⓪	Ⓛ	2	3	4	5	⓪	Ⓛ	2	3	4	5
Medial Hamstring (L5)	⓪	Ⓛ	2	3	4	5	⓪	Ⓛ	2	3	4	5
Achilles (S1)	⓪	Ⓛ	2	3	4	5	⓪	Ⓛ	2	3	4	5

5. MOTOR EXAMINATION

a. Upper Extremity Motor Function (Cervical/Brachial Muscle Testing)

	Left						Right					
	0	1	2	3	4	5	0	1	2	3	4	5
○ No Muscle Weakness / Except:												
(5=Normal)												
Shoulder Flexion	⓪	Ⓛ	2	3	4	5	⓪	Ⓛ	2	3	4	5
Shoulder Extension	⓪	Ⓛ	2	3	4	5	⓪	Ⓛ	2	3	4	5
Shoulder Abduction (C5)	⓪	Ⓛ	2	3	4	5	⓪	Ⓛ	2	3	4	5
Shoulder Adduction	⓪	Ⓛ	2	3	4	5	⓪	Ⓛ	2	3	4	5
Internal Rotation	⓪	Ⓛ	2	3	4	5	⓪	Ⓛ	2	3	4	5
External Rotation	⓪	Ⓛ	2	3	4	5	⓪	Ⓛ	2	3	4	5
Elbow Flexion (C6)	⓪	Ⓛ	2	3	4	5	⓪	Ⓛ	2	3	4	5
Elbow Extension (C7)	⓪	Ⓛ	2	3	4	5	⓪	Ⓛ	2	3	4	5
Wrist Flexion (C7)	⓪	Ⓛ	2	3	4	5	⓪	Ⓛ	2	3	4	5
Wrist Extension (C6)	⓪	Ⓛ	2	3	4	5	⓪	Ⓛ	2	3	4	5
Finger Flexion (C8)	⓪	Ⓛ	2	3	4	5	⓪	Ⓛ	2	3	4	5
Finger Extension (C7)	⓪	Ⓛ	2	3	4	5	⓪	Ⓛ	2	3	4	5
Finger Abduction (T1)	⓪	Ⓛ	2	3	4	5	⓪	Ⓛ	2	3	4	5
Finger Adduction (T1)	⓪	Ⓛ	2	3	4	5	⓪	Ⓛ	2	3	4	5
Other 1	⓪	Ⓛ	2	3	4	5	⓪	Ⓛ	2	3	4	5
Other 2	⓪	Ⓛ	2	3	4	5	⓪	Ⓛ	2	3	4	5

Of Additional Note  \_\_\_\_\_  
 \_\_\_\_\_

b. Lower Extremity Motor Function (Lumbar/Lumbosacral Muscle Testing)

	Left						Right					
	0	1	2	3	4	5	0	1	2	3	4	5
○ No Muscle Weakness / Except:												
(5=Normal)												
Hip Flexion (T12 - L3)	⓪	Ⓛ	2	3	4	5	⓪	Ⓛ	2	3	4	5
Hip Extension (S1)	⓪	Ⓛ	2	3	4	5	⓪	Ⓛ	2	3	4	5
Hip Abduction (L5)	⓪	Ⓛ	2	3	4	5	⓪	Ⓛ	2	3	4	5
Hip Adduction (L2-L4)	⓪	Ⓛ	2	3	4	5	⓪	Ⓛ	2	3	4	5
Leg Flexion (L5-S2)	⓪	Ⓛ	2	3	4	5	⓪	Ⓛ	2	3	4	5
Leg Extension (L2-L4)	⓪	Ⓛ	2	3	4	5	⓪	Ⓛ	2	3	4	5
Foot Dorsiflexion (L4)	⓪	Ⓛ	2	3	4	5	⓪	Ⓛ	2	3	4	5
Great Toe Dorsiflexion (L5)	⓪	Ⓛ	2	3	4	5	⓪	Ⓛ	2	3	4	5
Foot Plantar Flexion (S1)	⓪	Ⓛ	2	3	4	5	⓪	Ⓛ	2	3	4	5
Great Toe Plantar Flexion	⓪	Ⓛ	2	3	4	5	⓪	Ⓛ	2	3	4	5
Foot Eversion (S1)	⓪	Ⓛ	2	3	4	5	⓪	Ⓛ	2	3	4	5
Foot Inversion (L4)	⓪	Ⓛ	2	3	4	5	⓪	Ⓛ	2	3	4	5
Other 1	⓪	Ⓛ	2	3	4	5	⓪	Ⓛ	2	3	4	5
Other 2	⓪	Ⓛ	2	3	4	5	⓪	Ⓛ	2	3	4	5

Of Additional Note  \_\_\_\_\_  
 \_\_\_\_\_

6. MESURATION (In Centimeters, measuring girth)

	10	20	30	40	50	60	70	80	90	Tens	
Left Bicep	⓪	Ⓛ	2	3	4	5	6	7	8	9	Units
Right Bicep	⓪	Ⓛ	2	3	4	5	6	7	8	9	Units
Left Forearm	⓪	Ⓛ	2	3	4	5	6	7	8	9	Units
Right Forearm	⓪	Ⓛ	2	3	4	5	6	7	8	9	Units
Left Thigh	⓪	Ⓛ	2	3	4	5	6	7	8	9	Units
Right Thigh	⓪	Ⓛ	2	3	4	5	6	7	8	9	Units
Left Calf	⓪	Ⓛ	2	3	4	5	6	7	8	9	Units
Right Calf	⓪	Ⓛ	2	3	4	5	6	7	8	9	Units

7. DERMATOMAL SENSORY TESTING

○ No Sensory Deficit / Except: (NSD/E:)	Hypo		Hyper	
	L	R	L	R
C1	⓪	Ⓛ	⓪	Ⓛ
C2	⓪	Ⓛ	⓪	Ⓛ
C3	⓪	Ⓛ	⓪	Ⓛ
C4	⓪	Ⓛ	⓪	Ⓛ
C5	⓪	Ⓛ	⓪	Ⓛ
C6	⓪	Ⓛ	⓪	Ⓛ
C7	⓪	Ⓛ	⓪	Ⓛ
C8	⓪	Ⓛ	⓪	Ⓛ

  

○ NSD/E:	Hypo		Hyper	
	L	R	L	R
T1	⓪	Ⓛ	⓪	Ⓛ
T2	⓪	Ⓛ	⓪	Ⓛ
T3	⓪	Ⓛ	⓪	Ⓛ
T4	⓪	Ⓛ	⓪	Ⓛ
T5	⓪	Ⓛ	⓪	Ⓛ
T6	⓪	Ⓛ	⓪	Ⓛ
T7	⓪	Ⓛ	⓪	Ⓛ
T8	⓪	Ⓛ	⓪	Ⓛ
T9	⓪	Ⓛ	⓪	Ⓛ
T10	⓪	Ⓛ	⓪	Ⓛ
T11	⓪	Ⓛ	⓪	Ⓛ
T12	⓪	Ⓛ	⓪	Ⓛ

  

○ NSD/E:	Hypo		Hyper	
	L	R	L	R
L1	⓪	Ⓛ	⓪	Ⓛ
L2	⓪	Ⓛ	⓪	Ⓛ
L3	⓪	Ⓛ	⓪	Ⓛ
L4	⓪	Ⓛ	⓪	Ⓛ
L5	⓪	Ⓛ	⓪	Ⓛ

  

○ NSD/E:	Hypo		Hyper	
	L	R	L	R
S1	⓪	Ⓛ	⓪	Ⓛ
S2	⓪	Ⓛ	⓪	Ⓛ
S3	⓪	Ⓛ	⓪	Ⓛ
S4	⓪	Ⓛ	⓪	Ⓛ
S5	⓪	Ⓛ	⓪	Ⓛ

8. HEEL WALK

	Able To Perform	Able With Assistance	Unable To Perform
Left	⓪	Ⓛ	⓪
Right	⓪	Ⓛ	⓪

9. TOE WALK

	Able To Perform	Able With Assistance	Unable To Perform
Left	⓪	Ⓛ	⓪
Right	⓪	Ⓛ	⓪

10. PLANTAR RESPONSE

	Plantar flexion (normal)	Dorsiflexion (Babinski's sign)	Absent
Left	⓪	⓪	⓪
Right	⓪	⓪	⓪

11. HOFFMAN'S SIGN

	(-) (+)
Left	⓪
Right	⓪

**C. NEUROLOGICAL ASSESSMENT (CONTINUED)**

**12. DYNAMOMETER (Measured in Pounds)**

1st Attempt			2nd Attempt			3rd Attempt					
Left			Right			Left			Right		
H	T	U	H	T	U	H	T	U	H	T	U
100	10	1	100	10	1	100	10	1	100	10	1
	20	2		20	2		20	2		20	2
	30	3		30	3		30	3		30	3
	40	4		40	4		40	4		40	4
	50	5		50	5		50	5		50	5
	60	6		60	6		60	6		60	6
	70	7		70	7		70	7		70	7
	80	8		80	8		80	8		80	8
	90	9		90	9		90	9		90	9

**13. OF ADDITIONAL NOTE**

A B C D E F G H I J K L M


**D. ORTHOPEDIC EXAM OF THE SPINE**

**1. CERVICAL SPINE**

**a. Range Of Motion**

○ Normal In All Positions / Except: (2 Exceptions)

(\*Normal Cervical ROM is based on the 2001 AMA Guide To The Evaluation Of Permanent Impairment)

	Normal*	Dull Pain	Sharp Pain	Spinal Level Of: Radiates To:
Flexion	50 N 1 2 3 4 5 6 7 8 9	10 20 30 40 50 60 70 80 90	10 20 30 40 50 60 70 80 90	D S L R
Extension	60 N 1 2 3 4 5 6 7 8 9	10 20 30 40 50 60 70 80 90	10 20 30 40 50 60 70 80 90	D S L R
Lt Lateral Flexion	45 N 1 2 3 4 5 6 7 8 9	10 20 30 40 50 60 70 80 90	10 20 30 40 50 60 70 80 90	D S L R
Rt Lateral Flexion	45 N 1 2 3 4 5 6 7 8 9	10 20 30 40 50 60 70 80 90	10 20 30 40 50 60 70 80 90	D S L R
Left Rotation	80 N 1 2 3 4 5 6 7 8 9	10 20 30 40 50 60 70 80 90	10 20 30 40 50 60 70 80 90	D S L R
Right Rotation	80 N 1 2 3 4 5 6 7 8 9	10 20 30 40 50 60 70 80 90	10 20 30 40 50 60 70 80 90	D S L R

**b. Cervical Muscle Testing**

○ No Muscle Weakness / Except: (2 Exceptions)

		Left					Right						
		0	1	2	3	4	5	0	1	2	3	4	5
SCM (CN XI)		0	1	2	3	4	5	0	1	2	3	4	5
Trapezius (CN XI)		0	1	2	3	4	5	0	1	2	3	4	5
Flexors (C1-6)		0	1	2	3	4	5	0	1	2	3	4	5
Extensors (C1-T1)		0	1	2	3	4	5	0	1	2	3	4	5

**c. Compression Tests**

**1. Cervical Compression Test**

○ Negative In All Positions / Except: (2 Exceptions)

	(-)	(+)	Left					Right								
			Dull	Sharp	Pares	Cerv	Shldr	Arm	Hand/Fngrs	Dull	Sharp	Pares	Cerv	Shldr	Arm	Hand/Fngrs
Neutral	0	1	0	1	2	3	4	5	0	1	2	3	4	5		
Lt Lat Flex	0	1	0	1	2	3	4	5	0	1	2	3	4	5		
Rt Lat Flex	0	1	0	1	2	3	4	5	0	1	2	3	4	5		
Lt Max Cmp	0	1	0	1	2	3	4	5	0	1	2	3	4	5		
Rt Max Cmp	0	1	0	1	2	3	4	5	0	1	2	3	4	5		

**2. Adson's Test**

	(-)	(+)	↓ Pulse	↓ Paresthesia
Left	0	1	0	1
Right	0	1	0	1

**3. Valsalva**

	(-)	(+)	Pain	Head	Cervical	Upr Thoracic	Lt Upr Extr	Rt Upr Extr	Other
	0	1	0	1	0	1	0	1	0

**d. Stretch Tests**

**1. Shoulder Depression**

	(-)	(+)	Pain	Cervical	Shoulder	Arm	Hand/Fngrs	Other
Left	0	1	0	1	0	1	0	1
Right	0	1	0	1	0	1	0	1

**2. Soto Hall**

	(-)	(+)	Pain	Head	Cervical	Thoracic	Upper Extr	Other
Left	0	1	0	1	0	1	0	1
Right	0	1	0	1	0	1	0	1

**e. Distraction Tests**

	(-)	(+)	Pain	↑ Pain	↓ Pain	Cervical	Other
Cervical Distraction	0	1	0	1	0	1	0
Bakody's Sign							
	Left	0	1	0	1	0	1
	Right	0	1	0	1	0	1
O'Donoghue's							
	Passive	0	1	0	1	0	1
	Active	0	1	0	1	0	1

**f. Other 1**

**g. Other 2**

**h. Other 3**

**i. Of Additional Note**


**2. THORACIC SPINE**

**a. Range Of Motion**

○ Normal In All Positions / Except: (2 Exceptions)

(\*Normal Thoracic ROM is based on the 2001 AMA Guide To The Evaluation Of Permanent Impairment)

	Normal*	Dull Pain	Sharp Pain	Spinal Level:
Flexion	60 N 1 2 3 4 5 6 7 8 9	10 20 30 40 50 60 70 80 90	10 20 30 40 50 60 70 80 90	D S L R
Extension	25 N 1 2 3 4 5 6 7 8 9	10 20 30 40 50 60 70 80 90	10 20 30 40 50 60 70 80 90	D S L R
Lt Lateral Flexion	25 N 1 2 3 4 5 6 7 8 9	10 20 30 40 50 60 70 80 90	10 20 30 40 50 60 70 80 90	D S L R
Rt Lateral Flexion	25 N 1 2 3 4 5 6 7 8 9	10 20 30 40 50 60 70 80 90	10 20 30 40 50 60 70 80 90	D S L R
Left Rotation	45 N 1 2 3 4 5 6 7 8 9	10 20 30 40 50 60 70 80 90	10 20 30 40 50 60 70 80 90	D S L R
Right Rotation	45 N 1 2 3 4 5 6 7 8 9	10 20 30 40 50 60 70 80 90	10 20 30 40 50 60 70 80 90	D S L R

**b. Thoracic/Torso Muscle Testing**

○ No Muscle Weakness / Except:

	Left					Right						
	0	1	2	3	4	5	0	1	2	3	4	5
Torso Flexors	0	1	2	3	4	5	0	1	2	3	4	5
Torso Extensors	0	1	2	3	4	5	0	1	2	3	4	5
Lateral Flexors	0	1	2	3	4	5	0	1	2	3	4	5



**D. ORTHOPEDIC EXAM OF THE SPINE (Continued)**

**2. THORACIC SPINE (Continued)**

**c. Mechanical Tests**

**1. Chest Expansion Test**

(-) (+)		1/2	1	1 1/2	2
<input type="checkbox"/> <input type="checkbox"/>	Decrease In Inches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**2. Sternal Compression Test**

(-) (+) Pain	Location Of
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

**3. Beevor's Sign**

(-) (+) Pain	Sup. Movt.	Inf. Movt.
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**d. Stretch Test**

**Schepelmann's Sign**

	(-) (+) Pain	Concave	Convex
Left	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Right	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**e. Other 1**

<input type="checkbox"/> <input type="checkbox"/>
---

**f. Other 2**

<input type="checkbox"/> <input type="checkbox"/>
---

**g. Other 3**

<input type="checkbox"/> <input type="checkbox"/>
---

**h. Of Additional Note**

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
---

**3. LUMBAR SPINE**

**a. Range Of Motion**

Normal In All Positions / Except:  
(2 Exceptions)

	Normal*		Dull Pain	Sharp Pain	Spinal Level Of: Radiates To:
Sacral Hip Angle	45	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
True Lum Flexion	60	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extension	25	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lt Lateral Flexion	25	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rt Lateral Flexion	25	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(\*Normal Lumbar ROM is based on the 2001 AMA Guide To The Evaluation Of Permanent Impairment)

**b. Compression Tests**

**1. Valsalva**

(-) (+) Pain	Lumbar	Lt Lwr Ext	Rt Lwr Ext	Other
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**2. Iliac Compression Test**

(-) (+) Pain	Lt SI Joint	Rt SI Joint	Other
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**3. Kemp's Test**

	(-) (+) Pain	Low Back	Ant Thigh	Pos Thigh (below the knee)	Leaning into Lean Away
Left	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Right	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**c. Mechanical Test (Hip and Pelvis Included)**

	(-) (+) Pain	Hip	SI	Lumbar	
FABERE- Patrick's	Left	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Right	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gaenslen's Test	Left	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Right	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thomas Test	Left	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Right	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yeoman's Test	Left	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Right	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hibb's Test	Left	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Right	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Goldwaith's Test	Left	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Right	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trendelenberg's Test	Left	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Right	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**d. Root Tension Signs (Stretch Tests)**

	(-) (+) Pain	Low Back	Posterior Thigh	Leg (Below Knee)	1. 0-30	2. 35-70	3. 70-90	Other
Straight Leg Raise	Lt	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Rt	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Braggard's Test	Lt	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Rt	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Well Leg Raise	Lt	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Rt	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fajersztajn's Test	Lt	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Rt	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kernig's Test	Lt	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Rt	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sitting Leg Raise	Lt	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Rt	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Milgram's Test	Lt	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Rt	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

	(-) (+) Pain	Low Back	Ant Thigh
Ely's Test	Lt	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
	Rt	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
Nachlas Test	Lt	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
	Rt	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>

**e. Other 1**

<input type="checkbox"/> <input type="checkbox"/>
---

**f. Other 2**

<input type="checkbox"/> <input type="checkbox"/>
---

**g. Other 3**

<input type="checkbox"/> <input type="checkbox"/>
---

**h. Of Additional Note**

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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## E. SPINAL EXAMINATION

		EDEMA			SPASM			TENDERNESS											
		L	M	R	L	M	R	LEFT-Grades		L M R		RIGHT-Grades							
								4	3	2	1	L	M	R	1	2	3	4	
U	OCC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
U	C1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
U	C2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
M	C3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
M	C4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
L	C5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
L	C6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
L	C7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

None  Note (Cervical)

		TRIGGER POINTS			ARTICULAR FIXATION			MAL-POSITION		
		L	M	R	L	M	R	L	M	R
OCC		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C1		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C2		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C3		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C4		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C5		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C6		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C7		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

		EDEMA			SPASM			TENDERNESS								
		L	M	R	L	M	R	LEFT-Grades		L M R		RIGHT-Grades				
								4	3	2	1	L	M	R	1	2
U	T1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
U	T2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
U	T3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
U	T4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
M	T5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
M	T6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
M	T7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
M	T8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
L	T9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
L	T10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
L	T11	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
L	T12	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

None  NOTE (Thoracic)

		TRIGGER POINTS			ARTICULAR FIXATION			MAL-POSITION		
		L	M	R	L	M	R	L	M	R
T1		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
T2		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
T3		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
T4		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
T5		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
T6		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
T7		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
T8		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
T9		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
T10		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
T11		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
T12		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

		EDEMA			SPASM			TENDERNESS								
		L	M	R	L	M	R	LEFT-Grades		L M R		RIGHT-Grades				
								4	3	2	1	L	M	R	1	2
U	L1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
U	L2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
M	L3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
L	L4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
L	L5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

None  NOTE (Lumbar)

		TRIGGER POINTS			ARTICULAR FIXATION			MAL-POSITION		
		L	M	R	L	M	R	L	M	R
L1		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
L2		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
L3		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
L4		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
L5		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

		EDEMA			SPASM			TENDERNESS								
		L	M	R	L	M	R	LEFT-Grades		L M R		RIGHT-Grades				
								4	3	2	1	L	M	R	1	2
	SAC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	S-I	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	COC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

None  NOTE (Sacro-pelvic)

		EDEMA			SPASM			TENDERNESS								
		L	M	R	L	M	R	LEFT-Grades		L M R		RIGHT-Grades				
								4	3	2	1	L	M	R	1	2
	SAC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	S-I	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	COC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## ALGOMETER PSI Kgs/cm<sup>2</sup>

	LEFT	MIDLINE	RIGHT
OCC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
T1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
T2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
T3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
T4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
T5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
T6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
T7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
T8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
T9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
T10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
T11	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
T12	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
L1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
L2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
L3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
L4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
L5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SAC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
S-I	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
COC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## F. EXTREMITY EVALUATION

Upper Extremities	Left		Right		Palpation	ROM	Muscle Test	Ortho Test	Assesment	Treatment	FINDINGS
	L	R	L	R							
Shoulder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
AC Joint	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Clavicle/SC Joint	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Elbow	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Wrist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Hand/Digits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Ribs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Scapula	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
1.	<input type="radio"/>										

**1. CERVICAL**

	Primary	Secondary	Other	Acute	Subacute	Chronic	Mild	Moderate	Severe
307.81 Tension Headache	P	S	O	A	Su	C	M	Mo	Se
346.9 Migraine Headache	P	S	O	A	Su	C	M	Mo	Se
353.0 Brachial Plexus Lesions	P	S	O	A	Su	C	M	Mo	Se
524.6 TMJ Syndrome	P	S	O	A	Su	C	M	Mo	Se
721.0 Spondylosis W/O Mye	P	S	O	A	Su	C	M	Mo	Se
721.1 Neuro Vascular Comp Synd	P	S	O	A	Su	C	M	Mo	Se
722.0 Disc Displacement W/O Mye	P	S	O	A	Su	C	M	Mo	Se
722.4 Disc Degeneration	P	S	O	A	Su	C	M	Mo	Se
722.71 Disc Displacement W/Mye	P	S	O	A	Su	C	M	Mo	Se
722.81 Postlaminectomy Syndrome	P	S	O	A	Su	C	M	Mo	Se
723.0 Spinal Stenosis	P	S	O	A	Su	C	M	Mo	Se
723.1 Cervicalgia	P	S	O	A	Su	C	M	Mo	Se
723.2 Cervicocranial Syndrome	P	S	O	A	Su	C	M	Mo	Se
723.3 Cervicobrachial Syndrome	P	S	O	A	Su	C	M	Mo	Se
723.4 Radiculitis	P	S	O	A	Su	C	M	Mo	Se
723.5 Torticollis	P	S	O	A	Su	C	M	Mo	Se
724.9 Nerve Root Compression	P	S	O	A	Su	C	M	Mo	Se
728.5 Hypermobility Syndrome	P	S	O	A	Su	C	M	Mo	Se
728.85 Muscle Spasm	P	S	O	A	Su	C	M	Mo	Se
729.1 Myalgia / Myofascitis	P	S	O	A	Su	C	M	Mo	Se
737.10 Kyphosis	P	S	O	A	Su	C	M	Mo	Se
739.1 Segmental/Somatic Dys/Cerv	P	S	O	A	Su	C	M	Mo	Se
756.10 Spinal Anomaly	P	S	O	A	Su	C	M	Mo	Se
784.0 Headaches	P	S	O	A	Su	C	M	Mo	Se
784.4 Dizziness/Vertigo	P	S	O	A	Su	C	M	Mo	Se
805.00 Compression Fracture	P	S	O	A	Su	C	M	Mo	Se
839.00 Subluxation/Cervical Vertebra	P	S	O	A	Su	C	M	Mo	Se
839.08 Multiple Subluxations	P	S	O	A	Su	C	M	Mo	Se
847.0 Sprain/Strain	P	S	O	A	Su	C	M	Mo	Se
952.00 Injury to Nerves (C1/C4)	P	S	O	A	Su	C	M	Mo	Se
952.05 Injury To Nerves (C5/C7)	P	S	O	A	Su	C	M	Mo	Se
Other 1	P	S	O	A	Su	C	M	Mo	Se
Other 2	P	S	O	A	Su	C	M	Mo	Se

**2. THORACIC**

353.9 Cerv Dorsal Outlet Syndrome	P	S	O	A	Su	C	M	Mo	Se
722.11 Disc Displacement W/O Mye	P	S	O	A	Su	C	M	Mo	Se
722.51 Disc Degeneration	P	S	O	A	Su	C	M	Mo	Se
722.72 Disc Displacement W/Mye	P	S	O	A	Su	C	M	Mo	Se
724.1 Thoracalgia	P	S	O	A	Su	C	M	Mo	Se
724.4 Thoracic Neuritis/Radiculitis	P	S	O	A	Su	C	M	Mo	Se
728.85 Muscle Spasm	P	S	O	A	Su	C	M	Mo	Se
729.1 Myalgia / Myositis	P	S	O	A	Su	C	M	Mo	Se
737.3 Scoliosis	P	S	O	A	Su	C	M	Mo	Se
739.2 Segmental/Somatic Dysfunction	P	S	O	A	Su	C	M	Mo	Se
786.50 Chest Pain	P	S	O	A	Su	C	M	Mo	Se
839.21 Subluxation/Thoracic Region	P	S	O	A	Su	C	M	Mo	Se
847.1 Sprain/Strain	P	S	O	A	Su	C	M	Mo	Se
848.3 Rib/Intercostal Strain	P	S	O	A	Su	C	M	Mo	Se
Other 1	P	S	O	A	Su	C	M	Mo	Se
Other 2	P	S	O	A	Su	C	M	Mo	Se

**3. LUMBAR**

720.1 Spinal Enthesopathy	P	S	O	A	Su	C	M	Mo	Se
721.3 Spondylosis W/O Mye	P	S	O	A	Su	C	M	Mo	Se
721.42 Spondylosis W/Mye	P	S	O	A	Su	C	M	Mo	Se
722.10 Disc Displacement W/O Mye	P	S	O	A	Su	C	M	Mo	Se
722.52 Disc Degeneration	P	S	O	A	Su	C	M	Mo	Se

**3. LUMBAR (Continued)**

	Primary	Secondary	Other	Acute	Subacute	Chronic	Mild	Moderate	Severe
722.73 Disc Displacement W/Mye	P	S	O	A	Su	C	M	Mo	Se
722.83 Postlaminectomy Syndrome	P	S	O	A	Su	C	M	Mo	Se
724.02 Spinal Stenosis	P	S	O	A	Su	C	M	Mo	Se
724.2 Low Back Pain	P	S	O	A	Su	C	M	Mo	Se
724.3 Sciatica	P	S	O	A	Su	C	M	Mo	Se
724.4 Lumbar Neuritis/Radiculitis	P	S	O	A	Su	C	M	Mo	Se
724.5 Backache, Unspecified	P	S	O	A	Su	C	M	Mo	Se
724.8 Facet Syndrome	P	S	O	A	Su	C	M	Mo	Se
728.85 Muscle Spasm	P	S	O	A	Su	C	M	Mo	Se
729.01 Myalgia / Myositis	P	S	O	A	Su	C	M	Mo	Se
739.3 Segmental/Somatic Dys	P	S	O	A	Su	C	M	Mo	Se
756.11 Spondylosis	P	S	O	A	Su	C	M	Mo	Se
756.12 Spondylolisthesis	P	S	O	A	Su	C	M	Mo	Se
756.15 Anomaly/Congenital	P	S	O	A	Su	C	M	Mo	Se
805.4 Compression Fracture	P	S	O	A	Su	C	M	Mo	Se
839.2 Subluxation/Lumbar	P	S	O	A	Su	C	M	Mo	Se
847.2 Lumbar Sprain/Strain	P	S	O	A	Su	C	M	Mo	Se
953.2 Nerve Injury/Lumbar Root	P	S	O	A	Su	C	M	Mo	Se
Other 1	P	S	O	A	Su	C	M	Mo	Se
Other 2	P	S	O	A	Su	C	M	Mo	Se
Other 3	P	S	O	A	Su	C	M	Mo	Se

**4. LUMBOSACRAL**

724.4 Lumbosacral Neuritis	P	S	O	A	Su	C	M	Mo	Se
728.5 Hypermobility Syndrome	P	S	O	A	Su	C	M	Mo	Se
738.4 Spondylolisthesis (Aquired)	P	S	O	A	Su	C	M	Mo	Se
756.10 Spinal Anomaly	P	S	O	A	Su	C	M	Mo	Se
846.0 Spain/Strain	P	S	O	A	Su	C	M	Mo	Se
Other 1	P	S	O	A	Su	C	M	Mo	Se
Other 2	P	S	O	A	Su	C	M	Mo	Se

**5. SACROILIAC**

720.2 Inflammation of SI	P	S	O	A	Su	C	M	Mo	Se
739.4 Segmental/Somatic Dys	P	S	O	A	Su	C	M	Mo	Se
724.6 Disorder of Sacrum	P	S	O	A	Su	C	M	Mo	Se
839.42 Subluxation of SI Joint	P	S	O	A	Su	C	M	Mo	Se
846.1 Sprain/Strain Sac Lig	P	S	O	A	Su	C	M	Mo	Se
847.3 Sprain/Strain Sacrum	P	S	O	A	Su	C	M	Mo	Se
Other 1	P	S	O	A	Su	C	M	Mo	Se
Other 2	P	S	O	A	Su	C	M	Mo	Se

**6. PELVIS**

736.81 Limb Shortening (Acquired)	P	S	O	A	Su	C	M	Mo	Se
739.5 Segmental/Somatic Dys	P	S	O	A	Su	C	M	Mo	Se
755.30 Limb Shortening (Congenital)	P	S	O	A	Su	C	M	Mo	Se
781.9 Abnormal Posture	P	S	O	A	Su	C	M	Mo	Se
839.41 Coccyx Subluxation	P	S	O	A	Su	C	M	Mo	Se
839.69 Pelvis Subluxation	P	S	O	A	Su	C	M	Mo	Se
847.4 Coccyx Sprain/Strain	P	S	O	A	Su	C	M	Mo	Se
Other 1	P	S	O	A	Su	C	M	Mo	Se
Other 2	P	S	O	A	Su	C	M	Mo	Se

**7. GENERAL**

715.0 Osteoarthritis	P	S	O	A	Su	C	M	Mo	Se
728.4 Ligamentous Instability C/TL	P	S	O	A	Su	C	M	Mo	Se
733.00 Osteoporosis	P	S	O	A	Su	C	M	Mo	Se
733.01 Senile Osteoporosis	P	S	O	A	Su	C	M	Mo	Se
Other 1	P	S	O	A	Su	C	M	Mo	Se
Other 2	P	S	O	A	Su	C	M	Mo	Se
Other 3	P	S	O	A	Su	C	M	Mo	Se
Other 4	P	S	O	A	Su	C	M	Mo	Se

**H. PLAN - RECOMMENDED MANAGEMENT**

**1. TREATMENTS**

**a. Manual Therapies**

	Specific Spinal	Spinal	Distraction	Instractive Adjustment	Myofascial Release	Joint	Mobilization	Other 1	Other 2
Cervical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thoracic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lumbar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sacrum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pelvis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**b. Physical Modalities**

	Head	Cervical			Thoracic			Lumbar			Sacrum			Pelvis	
		U	M	L	U	M	L	U	M	L	Lt	M	Rt	Lt	Rt
Cryotherapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diathermy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thermotherapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TENS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Man. Traction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mech. Traction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Massage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ultrasound	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ischemic Comp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LV Galvanic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HV Galvanic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interferential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Russian Stim	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**c. Rehabilitation Recommendations - In Office**

<input type="checkbox"/> Cervical	
<input type="checkbox"/> Thoracic	
<input type="checkbox"/> Lumbar	
<input type="checkbox"/> Sacrum	
<input type="checkbox"/> Pelvic	
<input type="checkbox"/> Other	

**2. TREATMENT GOALS**

- Relief/Repair
- Rehabilitative(Remodeling)
- Other \_\_\_\_\_
- Supportive
- Maintenance

**3. VISIT FREQUENCY**

- From \_\_\_/\_\_\_/\_\_\_  To \_\_\_/\_\_\_/\_\_\_  PRN
- Daily
- Weekly
- Months
- Other \_\_\_\_\_

**4. VISITS THIS PLAN**

- a. Adjustments:**
- | Tens  | Units  |
|---|--|
| 0-15 days <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 16-30 days <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 31-45 days <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 46-60 days <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

- b. Therapies:**
- |   |  |
|---|--|
| 0-15 days <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 16-30 days <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 31-45 days <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 46-60 days <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

**5. WORK STATUS**

- a. Able To Return To Work?**
- Unrestricted
  - With Restrictions
  - Unable
- b. Restrictions (With Work, Or In General)**
- Avoid Prolonged:
    - Sitting
    - Standing
    - Walking
    - Jarring Motions
    - Other \_\_\_\_\_
  - Avoid Repetitive:
    - Bending
    - Reaching
    - Lifting
    - Turning
    - Push/Pull
    - Computer Work
    - Telephone Work
    - Hand Use
    - Other \_\_\_\_\_
  - Avoid Lifting Over:
    - Pounds:  5  10  15  20  25  30  Other \_\_\_\_\_
- Time Frame on Restrictions? \_\_\_\_\_
- Re-Evaluation Date To Review Work Status \_\_\_/\_\_\_/\_\_\_

**6. HOME DUTIES RESTRICTIONS**

- Domestic Duties
  - Family Care
  - Yard Maintenance
  - Other \_\_\_\_\_
- For Weeks:  1  2  3  4  5  6  Other \_\_\_\_\_

**7. REHABILITATION FOR HOME USE**

- Pillows:  1  2  3 \_\_\_\_\_  Orthotics \_\_\_\_\_
- Supports:  C \_\_\_\_\_  T \_\_\_\_\_  L \_\_\_\_\_
- Others:  1 \_\_\_\_\_  2 \_\_\_\_\_  3 \_\_\_\_\_
- Supportive Exercise \_\_\_\_\_

**8. RECOMMENDATIONS**

If Patient Fails To Respond By:  \_\_\_/\_\_\_/\_\_\_ Or  Re-eval.

R=For Referral	I=Immediate, or In Office
<input type="checkbox"/> <input type="checkbox"/> Urinalysis	<input type="checkbox"/> <input type="checkbox"/> Physiatric Consultation
<input type="checkbox"/> <input type="checkbox"/> Blood Analysis	<input type="checkbox"/> <input type="checkbox"/> Internal Medicine Consult.
<input type="checkbox"/> <input type="checkbox"/> Tissue Cultures	<input type="checkbox"/> <input type="checkbox"/> Neurological Consultation
<input type="checkbox"/> <input type="checkbox"/> Serological Analysis	<input type="checkbox"/> <input type="checkbox"/> Orthopedic Consultation
<input type="checkbox"/> <input type="checkbox"/> CT Examination	<input type="checkbox"/> <input type="checkbox"/> Rheumatologic Consult.
<input type="checkbox"/> <input type="checkbox"/> MRI Examination	<input type="checkbox"/> <input type="checkbox"/> Nutritional Consultation
<input type="checkbox"/> <input type="checkbox"/> Electrodiagnosis Eval.	<input type="checkbox"/> <input type="checkbox"/> Other 1
<input type="checkbox"/> <input type="checkbox"/> N.C.V	<input type="checkbox"/> <input type="checkbox"/> Other 2

- Medications: \_\_\_\_\_
- \_\_\_\_\_
- Supplements: \_\_\_\_\_
- \_\_\_\_\_

**9. CASE DESCRIPTION/ DISCUSSION (Any Additional Info.)**

Disability \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**10. PROGNOSIS**

- Excellent
  - Good
  - Fair
  - Guarded
  - Poor
  - Other \_\_\_\_\_
- \_\_\_\_\_

**11.  All general measures associated with condition have been reviewed.**

**12.  Potential risks have been described and the patient has acknowledged their understanding of them.**

PLEASE MAKE NO MARKS IN THIS AREA

