

EXAMINATION

POSTURE

Sitting *Good / Fair / Poor* Correction of Posture: *Better / Worse / No Effect / NA* Standing: *Good / Fair / Poor*
 Other observations: _____

NEUROLOGICAL: *NA / Motor / Sensory / Reflexes / Dural* _____

BASELINES (pain or functional activity): _____

EXTREMITIES *Hip / Knee / Ankle / Foot*

MOVEMENT LOSS	Maj	Mod	Min	Nil	Pain
Flexion					
Extension					
Dorsi Flexion					
Plantar Flexion					

	Maj	Mod	Min	Nil	Pain
Adduction / Inversion					
Abduction / Eversion					
Internal Rotation					
External Rotation					

Passive Movement (+/- over pressure) (note symptoms and range): _____

PDM	ERP

Resisted Test Response (pain) _____

Other Tests _____

SPINE

Movement Loss _____

Effect of repeated movements _____

Effect of static positioning _____

Spine testing *Not relevant / Relevant / Secondary problem* _____

Baseline Symptoms _____

Repeated Tests	Symptom Response		Mechanical Response	
	During – Produce, Abolish, Increase, Decrease, NE	After – Better, Worse, NB, NW, NE	Effect – ↑ or ↓ ROM, strength or key functional test	No Effect
Active/Passive movement, resisted test, functional test				
Effect of static positioning				

PROVISIONAL CLASSIFICATION

Dysfunction – Articular _____
 Derangement _____
 Other _____

Extremities

Spine

Contractile _____
 Postural _____
 Uncertain _____

PRINCIPLE OF MANAGEMENT

Education _____ Equipment Provided _____
 Exercise and Dosage _____
 Treatment Goals _____