

PHYSICAL EXAMINATION

(SPINAL, ORTHOPEDIC & NEUROLOGIC)

Name _____ Age _____ Date _____

Weight _____ Height _____ B/P Sitting _____ Lying _____ Standing Rt. _____ Lt. _____ Pulse _____ Temp. _____

DYNAMETER TEST Rt. or Lt. Handed R _____ L _____

CERVICAL MOTION STUDIES

	Exam/Norm	Pain
Flexion	/60	
Extension	/50	
L. Rotation	/80	
R. Rotation	/80	
L. Lat. Flex.	/40	
R. Lat. Flex	/40	

SHOULDER RANGE OF MOTION

	Right Exam/Norm	Left Exam/Norm
Adduction	/45	/45
Abduction	/180	/180
Flexion	/90	/90
External Rotation	/45	/45
Internal Rotation	/55	/55

CRANIAL NERVES

1. _____ Olfactory Smell
2. _____ Optic Visual Fields
3. _____ Oculomotor Up & Down
4. _____ Trochlear Med. Down & In
5. _____ Trigeminal Bite
6. _____ Abducens Lateral
7. _____ Facial Taste - Whistle - Smile
8. _____ Auditory Whisper
9. _____ Glossopharyngeal Gag
10. _____ Vagus Swallow
11. _____ Accessory Shrug
12. _____ Hypoglossal Tongue

HEART

- A. PMI _____ D. Thrill _____ G. Murmurs _____
 B. Rate _____ E. Tones _____
 C. Rhythm _____ F. Rub _____

NEUROVASCULAR SYNDROME TESTS

- Adson's Maneuver Right _____ Left _____
 Wright's Test Right _____ Left _____
 Costoclavicular Right _____ Left _____

FORAMINA COMPRESSION TEST - Regular

- Head 15° Right _____
 Head 15° Left _____

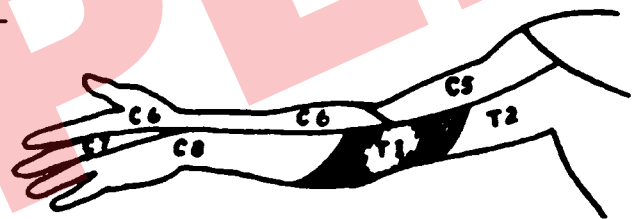
DEEP REFLEXES

- Biceps C 5 Right _____ Left _____
 Triceps C 7 Right _____ Left _____
 Radial C 6 Right _____ Left _____
 Patellar L 3/4 Right _____ Left _____
 Achilles L5-S1 Right _____ Left _____
 Plantar (Pyramidal) Right _____ Left _____
 Interosse (C-8/T-1) Right _____ Left _____

UPPER EXTREMITY MEASUREMENTS

- Biceps Right _____ Left _____
 Forearm : Right _____ Left _____

R L



GENERAL	HEAD	EYES	SKIN	EARS
a. Posture _____	a. Hair _____	a. Lids _____ f. Pupils _____	a. Texture _____	a. Pinna R _____ L _____
b. Gait _____	b. Masses _____	b. Sclera _____ g. Fundi _____	b. Color _____	b. Canal R _____ L _____
c. Speech _____	c. Shape _____	c. Conjunctive _____ h. Light _____	c. Scars _____	c. Drum R _____ L _____
d. Appearance _____	d. Bruits _____	d. Muscles _____ i. Glasses _____	d. Marks _____	d. Weber _____
e. Emotion _____	e. Tenderness _____	e. Corneal _____	e. Other _____	e. Rhine _____
	f. Sinus _____	j. Accommodation _____		

NOSE	MOUTH/THROAT	NECK	LUNGS
a. Septum R _____ L _____	a. Lips _____ f. Teeth _____	a. Thyroid _____ e. Nodes R _____ L _____	a. Chest _____ e. Bruit _____
b. Mucosa R _____ L _____	b. Breath _____ g. Dentures _____	b. Trachea _____ f. Bruit R _____ L _____	b. Symmetry _____ f. Sounds _____
c. Obstruction R _____ L _____	c. Tongue _____ h. Caries _____	c. Veins _____ g. Cartoid R _____ L _____	c. Diaphragm _____ g. Fremitus _____
d. Sinuses R _____ L _____	d. Pharynx _____ i. Larynx _____		d. Rubs _____
	e. Tonsils _____ j. Floor _____		
	k. Mucosa _____		

COMMENTS: _____

DORSO - LUMBAR MOTION STUDIES

NAME _____

Exam/Norm Pain

		Inches from floor
Flexion	/30	
Extension	/20	
L. Lat. Flex.	/20	
R. Lat. Flex	/20	
L. Rotation	/30	
R. Rotation	/30	

Kemp Sign Rt. _____ Lt. _____

ORTHOPEDIC TESTS

- Straight Leg Raise Rt. _____ Lt. _____
- Braggard Rt. _____ Lt. _____
- Patrick's Faber Rt. _____ Lt. _____
- Gaenslen Rt. _____ Lt. _____
- Well Leg Raise Rt. _____ Lt. _____
- Bechterew's Rt. _____ Lt. _____
- Yoeman's Rt. _____ Lt. _____
- Hoover's Rt. _____ Lt. _____
- Sciatic Trajectory Rt. _____ Lt. _____
- Valsalva Maneuver Rt. _____ Lt. _____
- Dejerine's Triad Rt. _____ Lt. _____

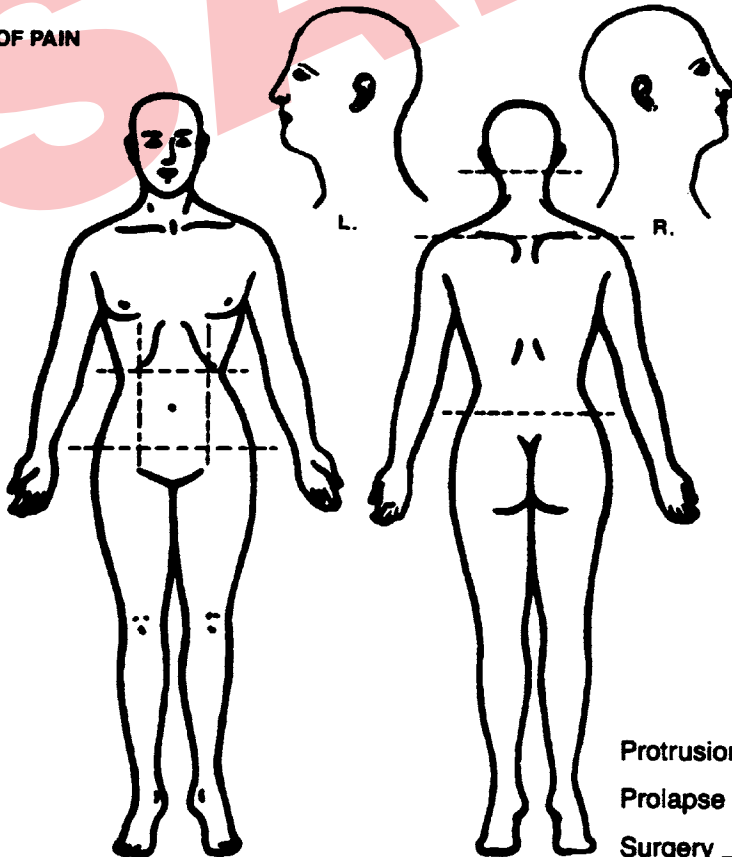
LOWER EXTREMITY MEASUREMENTS

- Thigh Girth 6" 6 Rt. _____ Lt. _____
- Mid Calf Circum. Rt. _____ Lt. _____
- Knee (Suprapatellar) Rt. _____ Lt. _____

LOWER EXTREMITY CIRCULATION

- Inguinal Pulse Rt. _____ Lt. _____
- Dorsal Pedis Pulse Rt. _____ Lt. _____
- Varicosities Rt. _____ Lt. _____

AREAS OF PAIN



ABDOMEN

- a. Contour _____
- b. Tenderness _____
- c. Organs _____
- d. Masses _____
- e. Hernia R _____ L _____
- f. Bruit _____
- g. Sounds _____
- h. Fem _____
- i. Ing. Nodes _____

RECTAL

- a. Pilonidal _____
- b. Anus _____
- c. Sphincter _____
- d. Fissure _____
- e. Prostate _____
- f. Masses _____
- g. Hemorrhoids _____
- h. Sigmoid _____
- i. Mucosa _____

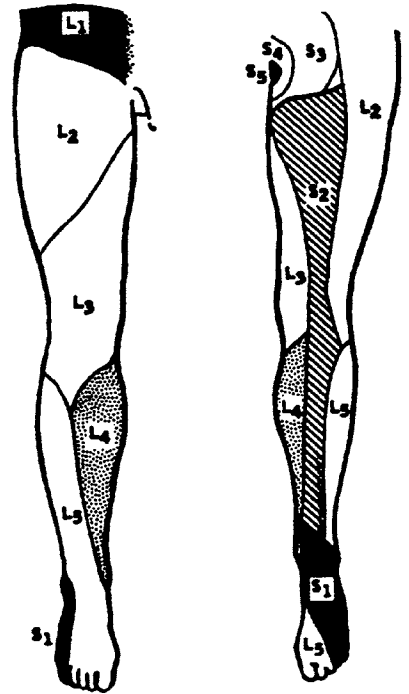
- Romberg Sign _____
- Finger to Finger _____
- Finger to Nose _____
- Heel Walk (Ant. Tib. L4/5) Rt. _____ Lt. _____
- Toe Walk (Gastroc L5/S1) Rt. _____ Lt. _____

FOOT EXAMINATION

- Eversion R _____ L _____ Leg Length _____
- Inversion R _____ L _____
- Rotation R _____ L _____ Arches _____

KNEE EXAMINATION

- McMurray Rt. _____ Lt. _____
- Ant. Drawer Sign Rt. _____ Lt. _____
- Post. Drawer Sign Rt. _____ Lt. _____
- Lat. Stability Rt. _____ Lt. _____
- Med. Stability Rt. _____ Lt. _____
- Flexion Rt. /150 Lt. /150
- Extension Rt. /10° Lt. /10°



LUMBAR DISC DISEASE

- Protrusion _____ I.V.D. Level _____
- Prolapse _____ Medial _____
- Surgery _____ Lateral _____