

DOCTOR _____

DATE OF VISIT ___/___/20___ Patient _____ Age _____

Check ONE: _____ INITIAL EXAMINATION _____ RE-EVALUATION _____ NEW CONDITION

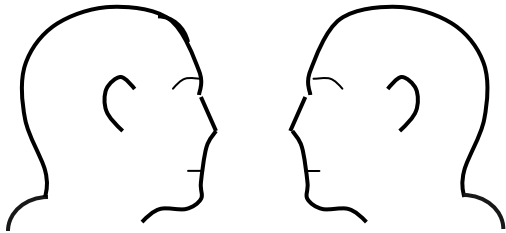
FOR INITIAL EXAMINATION OR NEW CONDITION, Please give first date you noticed symptoms _____

FOR INITIAL EXAMINATION OR NEW CONDITION, What is your major complaint? _____

SUBJECTIVE PAIN ASSESSMENT

Right

Left

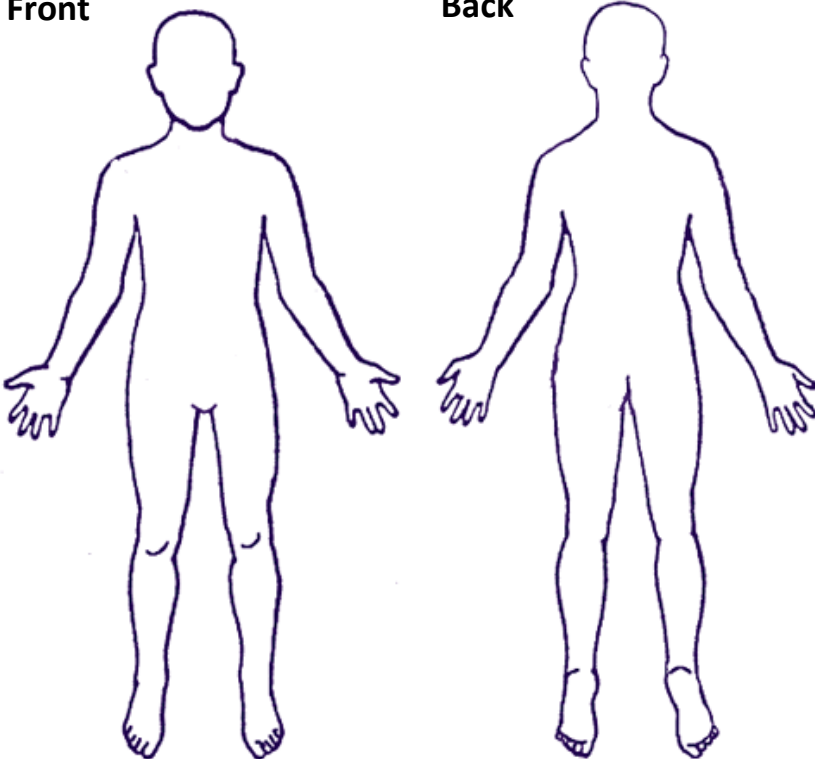


RATE YOUR PAIN

Place an "X" on the drawings to the left wherever you have pain. Beside the "X" indicate the type of pain you are experiencing:

Front

Back



- A=Ache
- B=Burning
- ST=Stabbing
- SP=Spasm
- N=Numbness
- P=Pins and Needles
- T=Throbbing

(Example: XST between your shoulders mean you have stabbing pain between your shoulders)

PAIN SCALE: Please circle the number that best describes your overall pain:

0 1 2 3 4 5 6 7 8 9 10 10+

NONE LITTLE MEDIUM SEVERE EXCRUCIATING

PATIENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

DATE

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C0

C1 **ASYMMETRY**

C2

C3

C4

C5

C6

C7

L1

L2

L3

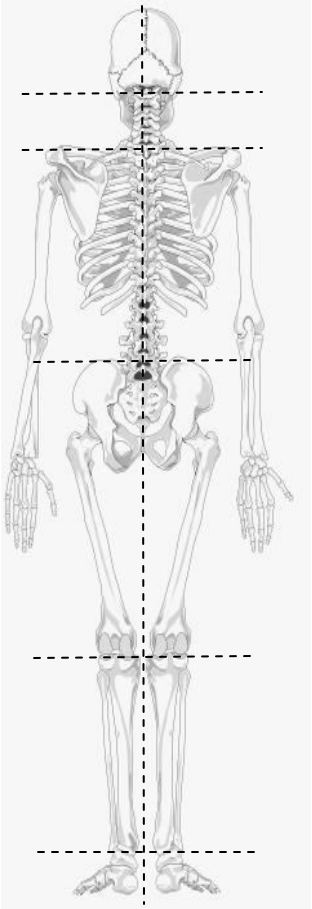
L4

L5

SAC

L-IL

R-IL



USING ARROWS

↑ ↓ → ←

Mark the Misaligned Vertebrae

T1

T2

T3

T4

T5

T6

T7

T8

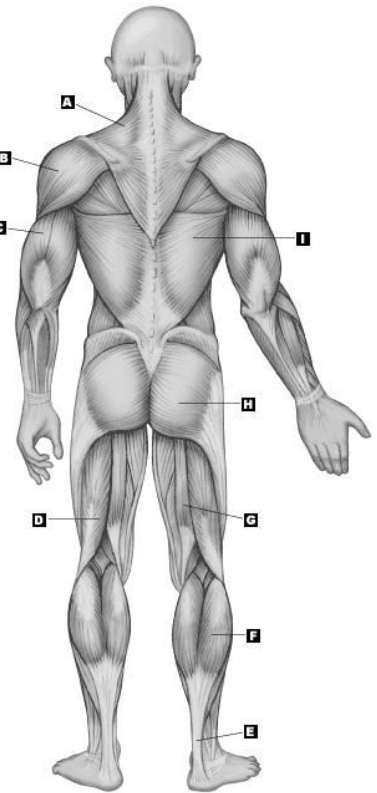
T9

T10

T11

T12

TISSUE ABNORMALITIES



A _____

B _____

C _____

D _____

E _____

F _____

G _____

H _____

I _____

Mark Tissue Abnormalities: TP=Trigger Points, LG=Ligaments (Swollen/Tender), TN=Tendons, SK=Skin, FS=Fascial Restrictions, SP=Spasm, TI=Tightness

RANGE OF MOTION ASSESSMENT

<u>CERVICAL</u>	NORMAL	PAIN
Flexion	50	
Extension	60	
Left Lat Flex	45	
Right Lat Flex	45	
Left Rotation	80	
Right Rotation	80	

<u>LUMBAR</u>	NORMAL	PAIN
Flexion	60	
Extension	25	
Left Lat Flex	25	
Right Lat Flex	25	
Left Rotation	30	
Right Rotation	30	

DOCTOR SIGNATURE _____ **DATE** _____

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EXAMINATION

B/P: _____ PULSE: _____ RESP: _____ HT: _____ WT: _____ GRIP: (L) _____ (R) _____

REFLEXES (Wexler Scale)

Biceps _____

Triceps _____

Brac/rad _____

Patella _____

Achilles _____

SENSORY: C5: _____ C6: _____ C7: _____ C8: _____ T1: _____ L3: _____

L4: _____ L5: _____ S1: _____ **D=Deficit N=Normal (L) or (R)**

GENERAL ORTHO/NEURO EXAMINATION: (+) or (-), (L) or (R)

Spinous Percus: _____ Babinski _____ Brudzinski _____

Dejerine Triad _____ Rhomberg _____ Valsalva _____

TEST

(+) (-) L R

INDICATION

Distraction					Nerve Root Compression
Jackson					Nerve Root Compression
Max Cerv Root Compression					Nerve Root Compression
Cervical Compression					Nerve Root Compression
Soto Hall					(cerv) (thor) Vertebral Trauma
Spurling's					Nerve Root Irritation
Shoulder Depression					Nerve Root Compression
Libman's					(low) (normal) (high) Pain Threshold
Burn's Bench					(hysteria) (Malingering)
Hoover's					(hysterical paralysis) (Malingering)
Bechterew					Sciatic Disc Compression
Beevor's					Abdominal Muscle Weakness
Minor's Sign					Radicular Disc Pain
Ely					Upper Lumbar Lesion
Faiersztain					Intervertebral Disc Syndrome
Nachlas					Upper Lumbar Lesion
Gluteal Punch					Spinal Lesion
Goldthwaite					Lumbar Differentiation
Heel-toe Walk					5 th Lumbar Motor Deficit
Kemps					Intervetebal Disc Rupture
Lasague					(Muscle) (Disc) (Nerve) Irritation
Braggards					Lumbar Antalgic Spasm
Supported Adam's					Lumbosacral Differentiation

MUSCLE TESTS

LEVEL	Muscle	Muscle Grade	
C5	Deltoids	L:	R:
C6	Biceps	L:	R:
	Wrist Extensors	L:	R:
C7	Triceps	L:	R:
	Wrist Flexors	L:	R:
	Finger Extensors	L:	R:
C8	Finger Flexors	L:	R:

LEVEL	Muscle	Muscle Grade	
T1	Finger Abductors	L:	R:
L2-L3	Hip Flexors	L:	R:
L4-L5	Hip Extensors	L:	R:
L3-L4	Knee Extensors	L:	R:
L5-S1	Knee Flexors	L:	R:
L4-L5	Ankle Extensors	L:	R:
S1-S2	Ankle Flexors	L:	R:

DIAGNOSIS: _____

DOCTOR SIGNATURE

DATE