

Name \_\_\_\_\_ Date \_\_\_\_\_

{indicate areas of current pain and symptoms in the drawing below}

Date of Injury/Onset: \_\_\_\_\_ MVA? Y N

Complaints:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

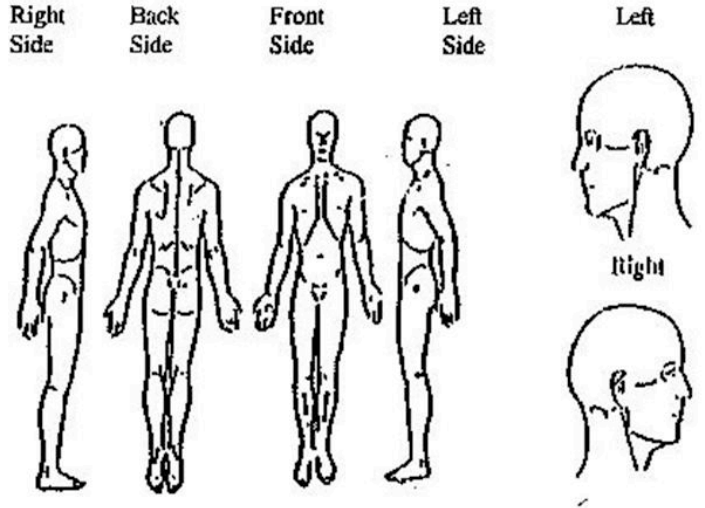
**Pain described as:** sharp dull ache throb  
numb tingle burn hot cold radiating

**Pain Intensity?** mild moderate severe

[or 1-10 scale] \_\_\_\_\_

**How often?** constant occasional **When?** AM PM

**Complicating Factors:** traumas/surgeries/fractures



Please place one mark on the line below to indicate your present pain level:



**Range of Motion Evaluation:**

**Cervical -**

Flex \_\_\_\_\_ Extend \_\_\_\_\_  
Rt Rot \_\_\_\_\_ Lt Rot \_\_\_\_\_  
Lt Lat Flex \_\_\_\_\_ Rt Lat Flex \_\_\_\_\_

**Lumbopelvic -**

Flex \_\_\_\_\_ Extend \_\_\_\_\_  
Rt Rot \_\_\_\_\_ Lt Rot \_\_\_\_\_  
Lt Lat Flex \_\_\_\_\_ Rt Lat Flex \_\_\_\_\_

**Other -**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Coordination loss/dysfunction:

Circumduction CW=\_\_\_\_\_ CCW=\_\_\_\_\_

Coordination loss/dysfunction:

Circumduction CW=\_\_\_\_\_ CCW=\_\_\_\_\_

**Muscle Strength Evaluation:** [Eccentric break testing scale 1-5]

{5=full muscle lock & hold, 4=notable muscle lock, 3=breaks w/strong resistance, 2=breaks w/moderate resistance, 1=breaks w/minimal resistance}

**Cervical -**

Flex \_\_\_ Extend \_\_\_ Rt Rot \_\_\_ Lt Rot \_\_\_ Lt Lat Flex \_\_\_ Rt Lat Flex \_\_\_  
traps SCM Levator Scap Platysma Splenius Scalenes: Anterior Middle Posterior

**Palpable Tenderness:**

x= mild, += moderate, ++= severe

**Thorax -**

Lats r=\_\_\_ l=\_\_\_ QL r=\_\_\_ l=\_\_\_ Rh r=\_\_\_ l=\_\_\_ Pecs r=\_\_\_ l=\_\_\_ Serr Ant r=\_\_\_ l=\_\_\_

**Core Muscles -**

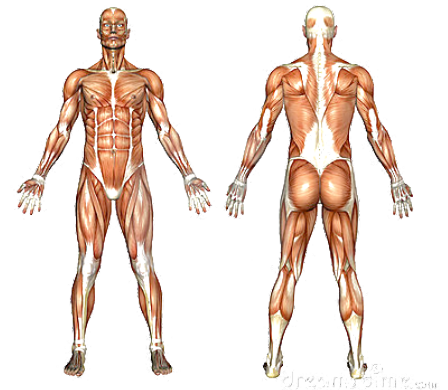
TVA = \_\_\_ Obl r=\_\_\_ l=\_\_\_ Ab Rectus \_\_\_ Iliacus r=\_\_\_ l=\_\_\_ Psoas r=\_\_\_ l=\_\_\_

**Pelvic & Hip Muscles -**

Glutes r=\_\_\_ l=\_\_\_ Piriformis r=\_\_\_ l=\_\_\_ Abductors r=\_\_\_ l=\_\_\_ Adductors r=\_\_\_ l=\_\_\_  
Hamstrings r=\_\_\_ l=\_\_\_ Quadriceps r=\_\_\_ l=\_\_\_ Sartorius r=\_\_\_ l=\_\_\_

**Extremities -**

Delts r=\_\_\_ l=\_\_\_ Bicep r=\_\_\_ l=\_\_\_ Tricep r=\_\_\_ l=\_\_\_ Supra/Infra/Sub/TM r=\_\_\_ l=\_\_\_



**Segmental Dysfunction**

Cranium C1 C2 C3 C4 C5 C6 C7 T1 T2 T3 T4 T5 T6 T7 T8 T9 T10 T11 T12 L1 L2 L3 L4 L5 Sacrum Pub Pelvis

**Diagnosis -**

Somatic Dysfxn - 739.0 head 739.1cervical 739.2 thoracic 739.3 lumbar 739.4sacral 739.5 pelvic 739.6lower ext 739.7upper ext 739.8 ribcage 739.9 abdomen  
Strain/Sprain - 847.0cervical 847.1thoracic 847.2lumbar 846.0lumbosacral 840.4rotator cuff 840.9 shoulder 844.9knee 845.00ankle  
353.0 TOS 354.0 CTS 310.2 post-concussion syndrome 780.4 vertigo

**Treatment Plans-**

Goals: Reduce pain \_\_\_\_\_ Increase ROM \_\_\_\_\_ Strengthen \_\_\_\_\_ Coordination \_\_\_\_\_  
Duration of care: Acute phase \_\_\_\_\_ Stabilization phase \_\_\_\_\_ Maintainance phase \_\_\_\_\_  
Frequency of care: Acute - \_\_\_\_\_ times per \_\_\_\_\_, Stabilize - \_\_\_\_\_ times per \_\_\_\_\_, Maintain - \_\_\_\_\_ times per \_\_\_\_\_  
Tests/Referral: xray MRI Labs CT scan MD ND PT Specialists none expected  
Re-assess progress in \_\_\_\_\_ days weeks months  
Home Therapy: ice heat massage brace/support elevate rest stretch diet