

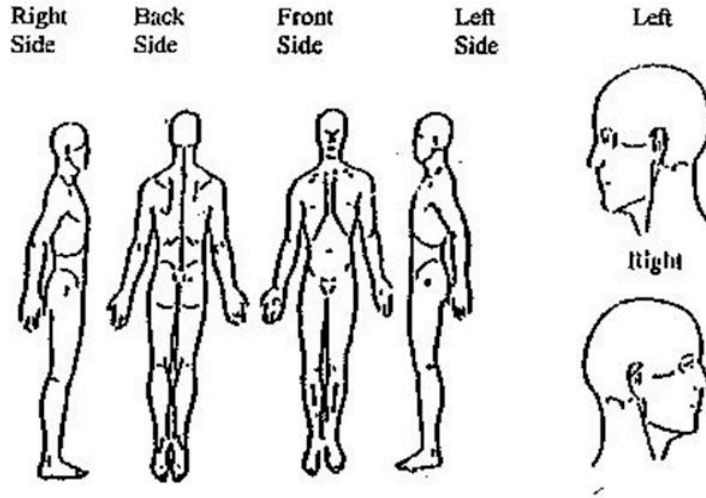
Name _____

Date _____

Have you had a new injury? Y N

Today's Symptoms:

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



Circle One Number to Grade Your Pain TODAY

100 Very Severe Pain
 90
 80 Severe Pain
 70
 60
 50 Moderate Pain
 40
 30
 20 Mild Pain
 10
 00 No Pain

COMMENTS

Pt. Signature _____

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=_____

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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 -

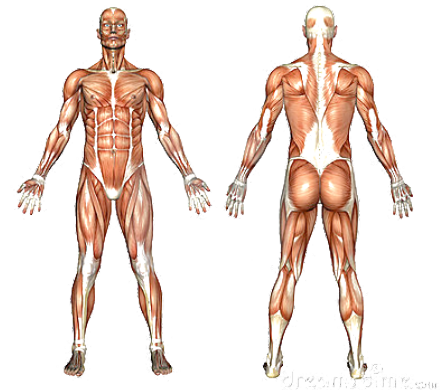
TVA = ___ Obl r=___ l=___ Ab Rectus ___ Iliacus r=___ l=___ Psoas r=___ l=___

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=___
 Gastroc r=___ l=___ Ant. Tib r=___ l=___ Inversion r=___ l=___ eversion 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

Home Exercise Therapy - [vaccum ball2wall disc circles]

Exercise=_____ sets=___ reps=___ weight=_____ time=_____ frequency=_____
 Exercise=_____ sets=___ reps=___ weight=_____ time=_____ frequency=_____

Treatment -

CMT 98940 98941 98942 98943 Home Exercise 97535 Massage 97214 Supports 99070

Amount paid \$ _____