

Patient Name: _____ Date: _____ File #: _____

Height: _____ Weight: _____ Pulse: _____ BP: _____ / _____

General Appearance	NORMAL	EDEMA	NOTES	
Orientation (normal)	PERSON	PLACE	TIME	
Mood/Affect	NORMAL	DEPRESSED	FLAT	ANXIOUS
Gait	NORMAL	GUARDED	ATAXIC	ALTERED DUE TO PAIN
Station	NO ANTALGIA	LEFT LATERAL BEND	RIGHT LATERAL BEND	
Body Habitus	ECTOMORPH	ENDOMORPH	MESOMORPH	
Development	NORMAL	ABNORMAL		

INSPECTION / SKIN APPEARANCE

	NORMAL	EDEMA	ABRASIONS	CONTUSIONS
Neck				
Back				
R Upper Ext				
L Upper Ext				
R Lower Ext				
L Lower Ext				

STABILITY

	NORMAL	ABNORMAL
Cervical		
R Upper Ext		
L Upper Ext		
R Lower Ext		
L Lower Ext		
Toe Walk		
Heel Walk		

LYMPH

	NORMAL	TENDER	ENLARGED
Submandibular			
Cervical			

STRENGTH

	LEFT	RIGHT
Deltoid (C5)		
Biceps (C5-C6)		
Wrist Ext (C6)		
Wrist Flex (C7)		
Finger Flex (C8)		
Finger Abduct (T1)		
R Upper Ext		
L Upper Ext		
R Lower Ext		
L Lower Ext		

DERMATONES

	LEFT	RIGHT
C5		
C6		
C7		
C8		
T1		

REFLEXES

	LEFT	RIGHT
Biceps (C5)		
Triceps (C7)		
Brachioradialis (C6)		

ROM

	NORMAL	RESTRICTED
R Upper Extremity		
R Lower Extremity		
L Upper Extremity		
L Lower Extremity		

CERVICAL ROM

FLEXION (45)	EXTENSION (45)	R ROTATION (80)	L ROTATION (80)	R LATERAL FLEXION (45)	L LATERAL FLEXION (45)

POSTURAL

	NEUTRAL	FORWARD	LEFT	RIGHT	TUCKED
Head Tilt					

	LEVEL	HIGH LEFT	HIGH RIGHT
Shoulders			

MUSCLE

	TENDERNESS	MYOSPASM	TRIGGER POINTS	HYPOTONIC
Sub-occipital				
Cervical Paraspinal				
SCM				
Rhomboids				
Scalenes				
Trapezius				
Thoracic Paraspinal				

CERVICAL ORTHOPEDIC TESTS

	LEFT	RIGHT	NOTES
Submandibular			
Cervical Paraspinal			
SCM			
Rhomboids			
Scalenes			
Trapezius			
Thoacic Paraspinal			

OTHER EXAMINATION FINDINGS:

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.