

Spine, Ribs, and Pelvis Exam

Patient Name _____ Date _____ Dr _____

Notes: _____

Visual Inspection

Antalgic negative present

Lateral Translation negative left right acute chronic

Thoracic Kyphosis negative hypokyphosis hyperkyphosis severe hyperkyphosis

High Shoulder	<input type="checkbox"/> negative	<input type="checkbox"/> left high shoulder	<input type="checkbox"/> right high shoulder
<input type="checkbox"/> lateral curve	<input type="checkbox"/> palpable scoliosis	<input type="checkbox"/> resolving infantile scoliosis	<input type="checkbox"/> progressive infantile scoliosis
<input type="checkbox"/> anterior dislocation humerus	<input type="checkbox"/> posterior dislocation humerus	<input type="checkbox"/> inferior dislocation humerus	<input type="checkbox"/> dislocation AC joint
			<input type="checkbox"/> undescended scapula

Anterior Pelvic Tilt	<input type="checkbox"/> negative	<input type="checkbox"/> present
Posterior Pelvic Tilt	<input type="checkbox"/> negative	<input type="checkbox"/> acute <input type="checkbox"/> chronic

Pelvic Unleveling negative present Low left Low right

Unequal Leg Length negative present Right short Left short

Pelvic Obliquity/Tortional Rotation negative present

Static Joint Palpation - Thoracic

Tenderness:	<input type="checkbox"/> negative	<input type="checkbox"/> acute mild-moderate	<input type="checkbox"/> acute moderate-severe	<input type="checkbox"/> chronic mild-moderate
Increased temperature:	<input type="checkbox"/> negative	<input type="checkbox"/> acute increased temperature	<input type="checkbox"/> chronic increased temperature	

Abnormal Gross Alignment:	<input type="checkbox"/> T1	<input type="checkbox"/> T2	<input type="checkbox"/> T3	<input type="checkbox"/> T4	<input type="checkbox"/> T5	<input type="checkbox"/> T6	<input type="checkbox"/> T7	<input type="checkbox"/> T8	<input type="checkbox"/> T9	<input type="checkbox"/> T10	<input type="checkbox"/> T11	<input type="checkbox"/> T12
Hypomobility:	<input type="checkbox"/> T1	<input type="checkbox"/> T2	<input type="checkbox"/> T3	<input type="checkbox"/> T4	<input type="checkbox"/> T5	<input type="checkbox"/> T6	<input type="checkbox"/> T7	<input type="checkbox"/> T8	<input type="checkbox"/> T9	<input type="checkbox"/> T10	<input type="checkbox"/> T11	<input type="checkbox"/> T12
Hypermobility:	<input type="checkbox"/> T1	<input type="checkbox"/> T2	<input type="checkbox"/> T3	<input type="checkbox"/> T4	<input type="checkbox"/> T5	<input type="checkbox"/> T6	<input type="checkbox"/> T7	<input type="checkbox"/> T8	<input type="checkbox"/> T9	<input type="checkbox"/> T10	<input type="checkbox"/> T11	<input type="checkbox"/> T12
Swelling:	<input type="checkbox"/> T1	<input type="checkbox"/> T2	<input type="checkbox"/> T3	<input type="checkbox"/> T4	<input type="checkbox"/> T5	<input type="checkbox"/> T6	<input type="checkbox"/> T7	<input type="checkbox"/> T8	<input type="checkbox"/> T9	<input type="checkbox"/> T10	<input type="checkbox"/> T11	<input type="checkbox"/> T12

Crepitus:	<input type="checkbox"/> negative	<input type="checkbox"/> present	Enlarged Facet:	<input type="checkbox"/> negative	<input type="checkbox"/> present
Mass:	<input type="checkbox"/> negative	<input type="checkbox"/> present	Scoliosis:	<input type="checkbox"/> negative	<input type="checkbox"/> present

Static Joint Palpation - Lumbar

Tenderness:	<input type="checkbox"/> negative	<input type="checkbox"/> acute mild-moderate	<input type="checkbox"/> acute moderate-severe	<input type="checkbox"/> chronic mild-moderate
Increased temperature:	<input type="checkbox"/> negative	<input type="checkbox"/> acute increased temperature	<input type="checkbox"/> chronic increased temperature	

Abnormal Gross Alignment:	<input type="checkbox"/> L1	<input type="checkbox"/> L2	<input type="checkbox"/> L3	<input type="checkbox"/> L4	<input type="checkbox"/> L5	<input type="checkbox"/> Transitional
Hypomobility:	<input type="checkbox"/> L1	<input type="checkbox"/> L2	<input type="checkbox"/> L3	<input type="checkbox"/> L4	<input type="checkbox"/> L5	<input type="checkbox"/> Transitional
Hypermobility:	<input type="checkbox"/> L1	<input type="checkbox"/> L2	<input type="checkbox"/> L3	<input type="checkbox"/> L4	<input type="checkbox"/> L5	<input type="checkbox"/> Transitional

Step Off/Stair Step:	<input type="checkbox"/> negative	<input type="checkbox"/> L4/L5	<input type="checkbox"/> L5/S1			
Crepitus:	<input type="checkbox"/> negative	<input type="checkbox"/> present	Enlarged Facet:	<input type="checkbox"/> negative	<input type="checkbox"/> present	
Mass:	<input type="checkbox"/> negative	<input type="checkbox"/> present	Scoliosis:	<input type="checkbox"/> negative	<input type="checkbox"/> present	
Swelling:	<input type="checkbox"/> L1	<input type="checkbox"/> L2	<input type="checkbox"/> L3	<input type="checkbox"/> L4	<input type="checkbox"/> L5	<input type="checkbox"/> Transitional

Static Joint Palpation - Sacrum

Tenderness:	<input type="checkbox"/> negative	<input type="checkbox"/> acute mild-moderate	<input type="checkbox"/> acute moderate-severe	<input type="checkbox"/> chronic mild-moderate
Increased temperature:	<input type="checkbox"/> negative	<input type="checkbox"/> acute increased temperature	<input type="checkbox"/> chronic increased temperature	

Abnormal Gross Alignment	<input type="checkbox"/> negative	<input type="checkbox"/> present	Swelling	<input type="checkbox"/> negative	<input type="checkbox"/> present
Hypomobility	<input type="checkbox"/> negative	<input type="checkbox"/> present	Crepitus	<input type="checkbox"/> negative	<input type="checkbox"/> present
Hypermobility	<input type="checkbox"/> negative	<input type="checkbox"/> present	Enlarged LS articulation	<input type="checkbox"/> negative	<input type="checkbox"/> present

Static Joint Palpation - Pelvis

Tenderness:	<input type="checkbox"/> negative	<input type="checkbox"/> acute mild-moderate	<input type="checkbox"/> acute moderate-severe	<input type="checkbox"/> chronic mild-moderate
Increased temperature:	<input type="checkbox"/> negative	<input type="checkbox"/> acute increased temperature	<input type="checkbox"/> chronic increased temperature	
Abnormal Gross Alignment	<input type="checkbox"/> left	<input type="checkbox"/> right	<input type="checkbox"/> bilateral	
Hypomobility	<input type="checkbox"/> left	<input type="checkbox"/> right	<input type="checkbox"/> bilateral	
Hypermobility	<input type="checkbox"/> left	<input type="checkbox"/> right	<input type="checkbox"/> bilateral	
Swelling	<input type="checkbox"/> left	<input type="checkbox"/> right	<input type="checkbox"/> bilateral	
Crepitus	<input type="checkbox"/> left	<input type="checkbox"/> right	<input type="checkbox"/> bilateral	

Sternum Palpation - Anterior

Sternum	<input type="checkbox"/> negative	<input type="checkbox"/> pain/tenderness acute mild-mod	<input type="checkbox"/> pain/tenderness acute mod-sev	<input type="checkbox"/> pain/tenderness chronic
----------------	-----------------------------------	---	--	--

Ribs, Cartilage, Intercostal Spaces Palpation - Anterior negative

Tender Costal Cartilages	<input type="checkbox"/> T1	<input type="checkbox"/> T2	<input type="checkbox"/> T3	<input type="checkbox"/> T4	<input type="checkbox"/> T5	<input type="checkbox"/> T6	<input type="checkbox"/> T7	<input type="checkbox"/> T8	<input type="checkbox"/> T9	<input type="checkbox"/> T10	<input type="checkbox"/> T11	<input type="checkbox"/> T12
Tender Intercostal Spaces	<input type="checkbox"/> T1	<input type="checkbox"/> T2	<input type="checkbox"/> T3	<input type="checkbox"/> T4	<input type="checkbox"/> T5	<input type="checkbox"/> T6	<input type="checkbox"/> T7	<input type="checkbox"/> T8	<input type="checkbox"/> T9	<input type="checkbox"/> T10	<input type="checkbox"/> T11	<input type="checkbox"/> T12
Tender Intercostal Spaces (Shingles)	<input type="checkbox"/> T1	<input type="checkbox"/> T2	<input type="checkbox"/> T3	<input type="checkbox"/> T4	<input type="checkbox"/> T5	<input type="checkbox"/> T6	<input type="checkbox"/> T7	<input type="checkbox"/> T8	<input type="checkbox"/> T9	<input type="checkbox"/> T10	<input type="checkbox"/> T11	<input type="checkbox"/> T12
Tender Ribs acute mild-mod	<input type="checkbox"/> T1	<input type="checkbox"/> T2	<input type="checkbox"/> T3	<input type="checkbox"/> T4	<input type="checkbox"/> T5	<input type="checkbox"/> T6	<input type="checkbox"/> T7	<input type="checkbox"/> T8	<input type="checkbox"/> T9	<input type="checkbox"/> T10	<input type="checkbox"/> T11	<input type="checkbox"/> T12
Tender Ribs acute mod-sev	<input type="checkbox"/> T1	<input type="checkbox"/> T2	<input type="checkbox"/> T3	<input type="checkbox"/> T4	<input type="checkbox"/> T5	<input type="checkbox"/> T6	<input type="checkbox"/> T7	<input type="checkbox"/> T8	<input type="checkbox"/> T9	<input type="checkbox"/> T10	<input type="checkbox"/> T11	<input type="checkbox"/> T12

Muscle Palpation - Anterior acute or chronic

	Guarding			Increased Temp			Spasm/Hypertonicity			Palp Band/Taut Fibers			Swelling			Midline Cleft		
Pec Major	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> B	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> B	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> B	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> B	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> B			
Pec Minor	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> B	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> B	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> B	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> B	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> B			
Serratus Anterior	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> B	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> B	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> B	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> B	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> B			
Abdominal Musculature	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> B	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> B	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> B	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> B	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> B	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> B

Muscle Palpation - Posterior acute or chronic

	Guarding			Increased Temp			Spasm/Hypertonicity			Palp Band/Taut Fibers			Swelling		
Parathoracic	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> B	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> B	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> B	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> B	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> B
Paralumbar	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> B	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> B	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> B	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> B	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> B

Ribs, Cartilage, Intercostal Spaces Palpation - Posterior negative

Tender Costal Cartilages	<input type="checkbox"/> T1	<input type="checkbox"/> T2	<input type="checkbox"/> T3	<input type="checkbox"/> T4	<input type="checkbox"/> T5	<input type="checkbox"/> T6	<input type="checkbox"/> T7	<input type="checkbox"/> T8	<input type="checkbox"/> T9	<input type="checkbox"/> T10	<input type="checkbox"/> T11	<input type="checkbox"/> T12
Tender Intercostal Spaces	<input type="checkbox"/> T1	<input type="checkbox"/> T2	<input type="checkbox"/> T3	<input type="checkbox"/> T4	<input type="checkbox"/> T5	<input type="checkbox"/> T6	<input type="checkbox"/> T7	<input type="checkbox"/> T8	<input type="checkbox"/> T9	<input type="checkbox"/> T10	<input type="checkbox"/> T11	<input type="checkbox"/> T12
Tender Intercostal Spaces (Shingles)	<input type="checkbox"/> T1	<input type="checkbox"/> T2	<input type="checkbox"/> T3	<input type="checkbox"/> T4	<input type="checkbox"/> T5	<input type="checkbox"/> T6	<input type="checkbox"/> T7	<input type="checkbox"/> T8	<input type="checkbox"/> T9	<input type="checkbox"/> T10	<input type="checkbox"/> T11	<input type="checkbox"/> T12
Tender Ribs acute mild-mod	<input type="checkbox"/> T1	<input type="checkbox"/> T2	<input type="checkbox"/> T3	<input type="checkbox"/> T4	<input type="checkbox"/> T5	<input type="checkbox"/> T6	<input type="checkbox"/> T7	<input type="checkbox"/> T8	<input type="checkbox"/> T9	<input type="checkbox"/> T10	<input type="checkbox"/> T11	<input type="checkbox"/> T12
Tender Ribs acute mod-sev	<input type="checkbox"/> T1	<input type="checkbox"/> T2	<input type="checkbox"/> T3	<input type="checkbox"/> T4	<input type="checkbox"/> T5	<input type="checkbox"/> T6	<input type="checkbox"/> T7	<input type="checkbox"/> T8	<input type="checkbox"/> T9	<input type="checkbox"/> T10	<input type="checkbox"/> T11	<input type="checkbox"/> T12

Scapula	<i>left</i>	<input type="checkbox"/> negative	<input type="checkbox"/> tenderness acute mild-mod	<input type="checkbox"/> tenderness acute mod-sev	<input type="checkbox"/> bumps	<input type="checkbox"/> tenderness chronic
	<i>right</i>	<input type="checkbox"/> negative	<input type="checkbox"/> tenderness acute mild-mod	<input type="checkbox"/> tenderness acute mod-sev	<input type="checkbox"/> bumps	<input type="checkbox"/> tenderness chronic

Muscle Palpation - Posterior acute or chronic

	Guarding			Increased Temp			Spasm/Hypertonicity			Palp Band/Taut Fibers			Swelling		
Trapezius	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> B	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> B	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> B	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> B	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> B
Levator Scapulae	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> B	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> B	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> B	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> B	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> B
Latissimus Dorsi	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> B	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> B	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> B	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> B	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> B
Rhomboid Major	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> B	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> B	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> B	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> B	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> B
Rhomboid Minor	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> B	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> B	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> B	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> B	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> B
Supraspinatus	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> B	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> B	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> B	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> B	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> B
Infraspinatus	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> B	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> B	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> B	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> B	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> B

	Guarding			Increased Temp			Spasm/ Hypertonicity			Palp Band/ Taut Fibers			Swelling		
Teres Major	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> B	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> B	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> B	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> B	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> B
Teres Minor	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> B	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> B	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> B	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> B	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> B
Erector Spinae	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> B	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> B	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> B	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> B	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> B
Quadratus Lumborum	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> B	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> B	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> B	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> B	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> B
Abdominal Oblique	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> B	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> B	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> B	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> B	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> B
Gluteus Maximus	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> B	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> B	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> B	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> B	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> B
Gluteus Medius	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> B	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> B	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> B	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> B	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> B
Piriformis	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> B	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> B	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> B	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> B	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> B

Thoracic Outlet Syndrome Tests

Adson's Test	<i>left</i>	<input type="checkbox"/> negative	<input type="checkbox"/> decreased radial pulse with tight anterior scalenes	<input type="checkbox"/> decreased radial pulse without tight anterior scalenes	<input type="checkbox"/> pain/paresthesia in upper extremity
	<i>right</i>	<input type="checkbox"/> negative	<input type="checkbox"/> decreased radial pulse with tight anterior scalenes	<input type="checkbox"/> decreased radial pulse without tight anterior scalenes	<input type="checkbox"/> pain/paresthesia in upper extremity

Costoclavicular Test	<i>left</i>	<input type="checkbox"/> negative	<input type="checkbox"/> decreased radial pulse	<input type="checkbox"/> pain/paresthesia in upper extremity
	<i>right</i>	<input type="checkbox"/> negative	<input type="checkbox"/> decreased radial pulse	<input type="checkbox"/> pain/paresthesia in upper extremity

Eden's Test	<i>left</i>	<input type="checkbox"/> decr pulse and/or rad sx	<input type="checkbox"/> decr pulse and/or rad sx elongated C7 TP	<input type="checkbox"/> decr pulse and/or rad sx cervical rib	<input type="checkbox"/> decr pulse and/or rad sx no palp osseous abnormality
	<i>right</i>	<input type="checkbox"/> decr pulse and/or rad sx	<input type="checkbox"/> decr pulse and/or rad sx elongated C7 TP	<input type="checkbox"/> decr pulse and/or rad sx cervical rib	<input type="checkbox"/> decr pulse and/or rad sx no palp osseous abnormality

Halstead Maneuver	<i>left</i>	<input type="checkbox"/> negative	<input type="checkbox"/> decr pulse amplitude	<input type="checkbox"/> pain radiates to upper extremity
	<i>right</i>	<input type="checkbox"/> negative	<input type="checkbox"/> decr pulse amplitude	<input type="checkbox"/> pain radiates to upper extremity

Wright's Test	<i>left</i>	<input type="checkbox"/> negative	<input type="checkbox"/> decr radial pulse with spasm pec minor	<i>right</i>	<input type="checkbox"/> negative	<input type="checkbox"/> decr radial pulse with spasm pec minor
---------------	-------------	-----------------------------------	---	--------------	-----------------------------------	---

Active Range of Motion acute or chronic

Thoracic ROM		Pain			Stiffness			Crepitus		
Flexion (50)	<input type="checkbox"/> Negative	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
Extension (0)	<input type="checkbox"/> Negative	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
L Rot (30)	<input type="checkbox"/> Negative	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
R Rot (30)	<input type="checkbox"/> Negative	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
Lumbar ROM		Pain			Stiffness			Crepitus		
Flexion (60)	<input type="checkbox"/> Negative	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
Extension (25)	<input type="checkbox"/> Negative	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
L SLR (100)	<input type="checkbox"/> Negative	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
R SLR (100)	<input type="checkbox"/> Negative	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe

Passive Range of Motion acute or chronic

Thoracic ROM		Pain			Stiffness			Crepitus		
Flexion (50)	<input type="checkbox"/> Negative	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
Extension (0)	<input type="checkbox"/> Negative	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
L Rot (30)	<input type="checkbox"/> Negative	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
R Rot (30)	<input type="checkbox"/> Negative	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
Lumbar ROM		Pain			Stiffness			Crepitus		
Flexion (60)	<input type="checkbox"/> Negative	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
Extension (25)	<input type="checkbox"/> Negative	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
L SLR (100)	<input type="checkbox"/> Negative	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
R SLR (100)	<input type="checkbox"/> Negative	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe

Orthopedic

Adam's Position	<input type="checkbox"/> negative	<input type="checkbox"/> scoliosis – decr forward bend	<input type="checkbox"/> scoliosis – no decrease forward bend	<input type="checkbox"/> reduced lumbar flexion
-----------------	-----------------------------------	--	---	---

Thoracic Fracture: Spinal Percussion	<input type="checkbox"/> negative	<input type="checkbox"/> local pain – acute mild/mod	<input type="checkbox"/> local pain – acute mod/sev	<input type="checkbox"/> radicular pain
--------------------------------------	-----------------------------------	--	---	---

Thoracic Fracture : Soto Hall	<input type="checkbox"/> negative	<input type="checkbox"/> local pain – suspect strain	<input type="checkbox"/> local pain – suspect fracture	<input type="checkbox"/> local pain – facet caps	<input type="checkbox"/> L'Hermittes sign
-------------------------------	-----------------------------------	--	--	--	---

Thoracic Fracture: Sternal Compression	<input type="checkbox"/> negative	<input type="checkbox"/> pain exacerbates
--	-----------------------------------	---

Lumbar Fracture: Spinal Percussion	<input type="checkbox"/> negative	<input type="checkbox"/> local pain – acute mild/mod	<input type="checkbox"/> local pain – acute mod/sev	<input type="checkbox"/> radicular pain
------------------------------------	-----------------------------------	--	---	---

Beevor's Sign	<input type="checkbox"/> negative	<input type="checkbox"/> umbilicus moves superior	<input type="checkbox"/> umbilicus moves superior/lateral	<input type="checkbox"/> umbilicus moves inferior	<input type="checkbox"/> umbilicus moves inferior/lateral
---------------	-----------------------------------	---	---	---	---

Schepelmann's Sign	left	<input type="checkbox"/> negative	<input type="checkbox"/> pain on same side	<input type="checkbox"/> pain on convex side
	right	<input type="checkbox"/> negative	<input type="checkbox"/> pain on same side	<input type="checkbox"/> pain on convex side

Chest Expansion Test	<input type="checkbox"/> negative	<input type="checkbox"/> decreased
----------------------	-----------------------------------	------------------------------------

SLR – L	<input type="checkbox"/> negative	<input type="checkbox"/> local pain (70°)	<input type="checkbox"/> radicular pain (35°-70°)	<input type="checkbox"/> acute piriformis pain (0°-35°)	<input type="checkbox"/> acute SI pain (0°-35°)	<input type="checkbox"/> dull thigh pain	<input type="checkbox"/> chronic piriformis pain (0°-35°)	<input type="checkbox"/> chronic SI pain (0°-35°)
SLR – R	<input type="checkbox"/> negative	<input type="checkbox"/> local pain (70°)	<input type="checkbox"/> radicular pain (35°-70°)	<input type="checkbox"/> acute piriformis pain (0°-35°)	<input type="checkbox"/> acute SI pain (0°-35°)	<input type="checkbox"/> dull thigh pain	<input type="checkbox"/> chronic piriformis pain (0°-35°)	<input type="checkbox"/> chronic SI pain (0°-35°)

Laseague's Test	left	<input type="checkbox"/> negative	<input type="checkbox"/> local lumbar pain	<input type="checkbox"/> radiation to leg (disc)	<input type="checkbox"/> radiation to leg (sciatic)	<input type="checkbox"/> dull thigh pain
	right	<input type="checkbox"/> negative	<input type="checkbox"/> local lumbar pain	<input type="checkbox"/> radiation to leg (disc)	<input type="checkbox"/> radiation to leg (sciatic)	<input type="checkbox"/> dull thigh pain

Buckling sign	left	<input type="checkbox"/> negative	<input type="checkbox"/> knee flexion	right	<input type="checkbox"/> negative	<input type="checkbox"/> knee flexion
---------------	------	-----------------------------------	---------------------------------------	-------	-----------------------------------	---------------------------------------

Femoral Nerve Traction	left	<input type="checkbox"/> negative	<input type="checkbox"/> pain anterior medial thigh	<input type="checkbox"/> pain mid tibia	<input type="checkbox"/> contralateral pain
	right	<input type="checkbox"/> negative	<input type="checkbox"/> pain anterior medial thigh	<input type="checkbox"/> pain mid tibia	<input type="checkbox"/> contralateral pain

Braggard's Test	left	<input type="checkbox"/> negative	<input type="checkbox"/> pain (65°+)	<input type="checkbox"/> pain (30°-65°)	<input type="checkbox"/> pain (0°-30°)	<input type="checkbox"/> dull thigh pain
	right	<input type="checkbox"/> negative	<input type="checkbox"/> pain (65°+)	<input type="checkbox"/> pain (30°-65°)	<input type="checkbox"/> pain (0°-30°)	<input type="checkbox"/> dull thigh pain

Well Leg Raise	left	<input type="checkbox"/> negative	<input type="checkbox"/> pain involved side	right	<input type="checkbox"/> negative	<input type="checkbox"/> pain involved side
----------------	------	-----------------------------------	---	-------	-----------------------------------	---

Fajerstajns	left	<input type="checkbox"/> negative	<input type="checkbox"/> increased pain opposite side	<input type="checkbox"/> decreased pain opposite side
	right	<input type="checkbox"/> negative	<input type="checkbox"/> increased pain opposite side	<input type="checkbox"/> decreased pain opposite side

Bechterew's	left	<input type="checkbox"/> negative	<input type="checkbox"/> pain – single leg no arch	<input type="checkbox"/> pain – single leg arches	<input type="checkbox"/> pain – double leg no arch	<input type="checkbox"/> pain – double leg arches
	right	<input type="checkbox"/> negative	<input type="checkbox"/> pain – single leg no arch	<input type="checkbox"/> pain – single leg arches	<input type="checkbox"/> pain – double leg no arch	<input type="checkbox"/> pain – double leg arches

Minor's Sign	<input type="checkbox"/> negative	<input type="checkbox"/> supports well leg/affected leg flexed	<input type="checkbox"/> supports both legs
--------------	-----------------------------------	--	---

Bowstring Sign	left	<input type="checkbox"/> negative	<input type="checkbox"/> localized or radiating pain	right	<input type="checkbox"/> negative	<input type="checkbox"/> localized or radiating pain
----------------	------	-----------------------------------	--	-------	-----------------------------------	--

Piriformis Test	left	<input type="checkbox"/> negative	<input type="checkbox"/> radiating pain extremity	<input type="checkbox"/> local buttock pain (acute)	<input type="checkbox"/> local buttock pain (chronic)
	right	<input type="checkbox"/> negative	<input type="checkbox"/> radiating pain extremity	<input type="checkbox"/> local buttock pain (acute)	<input type="checkbox"/> local buttock pain (chronic)

Kemps	left	<input type="checkbox"/> negative	<input type="checkbox"/> radicular low back – same side	<input type="checkbox"/> radicular low back – opposite side	<input type="checkbox"/> local pain – acute mild	<input type="checkbox"/> local pain – acute mod/sev	<input type="checkbox"/> local pain – chronic
	right	<input type="checkbox"/> negative	<input type="checkbox"/> radicular low back – same side	<input type="checkbox"/> radicular low back – opposite side	<input type="checkbox"/> local pain – acute mild	<input type="checkbox"/> local pain – acute mod/sev	<input type="checkbox"/> local pain – chronic

Goldthwait's	left	<input type="checkbox"/> negative	<input type="checkbox"/> radicular 0°-35°	<input type="checkbox"/> local 0°-35°	<input type="checkbox"/> radicular 35°-70°	<input type="checkbox"/> local 35°-70°
	right	<input type="checkbox"/> negative	<input type="checkbox"/> radicular 0°-35°	<input type="checkbox"/> local 0°-35°	<input type="checkbox"/> radicular 35°-70°	<input type="checkbox"/> local 35°-70°

Supported Forward Bending Test (Belt Test)	<input type="checkbox"/> negative	<input type="checkbox"/> pain – ilia immobilized	<input type="checkbox"/> pain – ilia not immobilized
--	-----------------------------------	--	--

Nachlas	<i>left</i>	<input type="checkbox"/> negative	<input type="checkbox"/> radicular pain – ant thigh	<input type="checkbox"/> pain – lumbosacral joint	<input type="checkbox"/> local pain – ant thigh (acute)	<input type="checkbox"/> local pain – ant thigh (chronic)
	<i>right</i>	<input type="checkbox"/> negative	<input type="checkbox"/> radicular pain – ant thigh	<input type="checkbox"/> pain – lumbosacral joint	<input type="checkbox"/> local pain – ant thigh (acute)	<input type="checkbox"/> local pain – ant thigh (chronic)

Yeoman's	<i>left</i>	<input type="checkbox"/> negative	<input type="checkbox"/> SI pain – ipsi	<input type="checkbox"/> lumbar pain – local/rad acute	<input type="checkbox"/> lumbar pain – local/rad chronic
	<i>right</i>	<input type="checkbox"/> negative	<input type="checkbox"/> SI pain – ipsi	<input type="checkbox"/> lumbar pain – local/rad acute	<input type="checkbox"/> lumbar pain – local/rad chronic

Sacroiliac Stretch Test	<i>left</i>	<input type="checkbox"/> negative	<input type="checkbox"/> SI pain - ipsi	<input type="checkbox"/> lumbar pain – local/rad acute	<input type="checkbox"/> lumbar pain – local/rad chronic
	<i>right</i>	<input type="checkbox"/> negative	<input type="checkbox"/> SI pain - ipsi	<input type="checkbox"/> lumbar pain – local/rad acute	<input type="checkbox"/> lumbar pain – local/rad chronic

Pelvic Rock (Iliac Compression Test)	<i>left</i>	<input type="checkbox"/> negative	<input type="checkbox"/> SI pain	<i>right</i>	<input type="checkbox"/> negative	<input type="checkbox"/> SI pain
--------------------------------------	-------------	-----------------------------------	----------------------------------	--------------	-----------------------------------	----------------------------------

Lewin-Gaenslen Test	<i>left</i>	<input type="checkbox"/> negative	<input type="checkbox"/> LS pain - ipsi	<input type="checkbox"/> no lordosis incr	<input type="checkbox"/> no SI movement
	<i>right</i>	<input type="checkbox"/> negative	<input type="checkbox"/> LS pain - ipsi	<input type="checkbox"/> no lordosis incr	<input type="checkbox"/> no SI movement

Gaenslen's Test	<input type="checkbox"/> negative	<input type="checkbox"/> LS pain - ipsi
-----------------	-----------------------------------	---

Derefield Leg Check	<i>left</i>	<input type="checkbox"/> negative	<input type="checkbox"/> short - long	<input type="checkbox"/> short - shorter	<input type="checkbox"/> short – no change
	<i>right</i>	<input type="checkbox"/> negative	<input type="checkbox"/> short - long	<input type="checkbox"/> short - shorter	<input type="checkbox"/> short – no change

Hoover's Test	<input type="checkbox"/> negative	<input type="checkbox"/> downward pressure	<input type="checkbox"/> no downward pressure
---------------	-----------------------------------	--	---

Dejerine's	<input type="checkbox"/> negative	<input type="checkbox"/> radiating pain
------------	-----------------------------------	---

Milgram's	<input type="checkbox"/> negative	<input type="checkbox"/> pain - prevents lifting legs	<input type="checkbox"/> no pain – unable to lift legs
-----------	-----------------------------------	---	--

Valsalva	<input type="checkbox"/> negative	<input type="checkbox"/> local neck	<input type="checkbox"/> radicular neck	<input type="checkbox"/> local thoracic	<input type="checkbox"/> radicular thoracic	<input type="checkbox"/> local low back	<input type="checkbox"/> radicular low back
----------	-----------------------------------	-------------------------------------	---	---	---	---	---

Reflex all reflexes were tested and found to be normal

	<i>Left</i>					<i>Right</i>					<i>Left</i>					<i>Right</i>								
	0	1	2	3	4	5	0	1	2	3	4	5	0	1	2	3	4	5	0	1	2	3	4	5
Patellar (L4)																								
Babinski Reflex	<input type="checkbox"/> plantar flexion of toes (negative)											<input type="checkbox"/> dorsi flexion of great toe (present)												

Sensory all dermatomes were tested and found to be normal

	Negative				Hypo				Hyper				Inconclusive				Negative				Hypo				Hyper				Inconclusive			
L1, L2, L3	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> L	<input type="checkbox"/> R	L5	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> L	<input type="checkbox"/> R			
L4	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> L	<input type="checkbox"/> R	S1	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> L	<input type="checkbox"/> R			

Motor acute or chronic all motor functions were tested and found to be normal

	<i>Left</i>					<i>Right</i>					<i>Left</i>					<i>Right</i>								
	0	1	2	3	4	5	0	1	2	3	4	5	0	1	2	3	4	5	0	1	2	3	4	5
Iliopsoas L1/L2/L3																								
Quad L2/L3/L4																								
Hip Add L2/L3/L4																								
Tib Ant L4																								
Gluteus Maximus S1																								

Job Performance / ADL's / Recreation / VAS scale

