CHIROFIT™

623.773.2000

PHYSICAL, NEUROLOGICAL, & ORTHOPEDIC EXAM

PATIENT NAME: _____ DATE: _____

HEIGHT: ' "

WEIGHT: _____ lbs.

AGE: _____

BLOOD PRESSURE: ___ / ___ mmHG

PULSE: _____ BPM

SENSORY (PINWHEEL/COTTON): _____

UPPER: _____

_____

LOWER: _____

_____

NECK EXAM

ROM	NORMAL	EXAM	NOTES:
Flexion	50		
Extension	60		
L. Rot.	80		
R. Rot.	80		
L. Lat. Flex	45		
R. Lat. Flex	45		

NECK ORTHOPEDIC TESTS

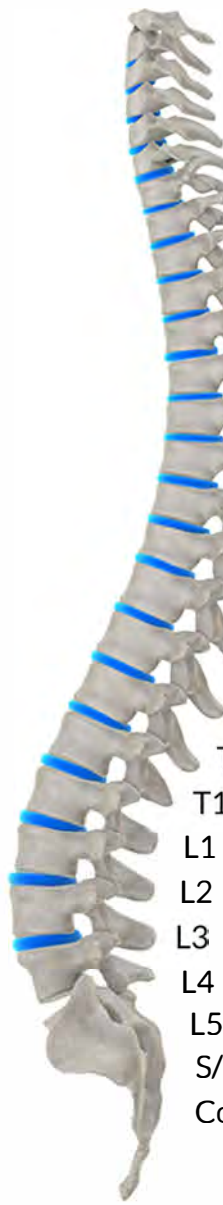
					Notes:
Valsalva	L		R		
Soto Hall	L		R		
Cerv Compress	L		R		
Cerv Distraction	L		R		
Max Cerv Comp	L		R		
Shoulder Depress	L		R		
George's	L		R		

LOW BACK EXAM

ROM	NORMAL	EXAM	NOTES:
Flexion	60		
Extension	25		
L. Rot.	20		
R. Rot.	20		
L. Lat. Flex	25		
R. Lat. Flex	25		

LOW BACK ORTHOPEDIC TESTS

					Notes:
Elys	L		R		
Kemp's	L		R		
Nachlas	L		R		
Yeomans	L		R		
Braggard's	L		R		
Minors Sign	L		R		
Faber Patrick	L		R		
BL Leg Raise	L		R		
Single Leg Raise	L		R		
Bechterew's Test	L		R		
Heel Walk	L		R		
Toe Walk	L		R		
Dejerine Triad	L		R		



Occ _____
C1 _____
C2 _____
C3 _____
C4 _____
C5 _____
C6 _____
C7 _____
T1 _____
T2 _____
T3 _____
T4 _____
T5 _____
T6 _____
T7 _____
T8 _____
T9 _____
T10 _____
T11 _____
T12 _____
L1 _____
L2 _____
L3 _____
L4 _____
L5 _____
S/Ps _____
Coccyx _____

REFLEXES

5=Sustained Clonus 4=Clonus 3=Hyper
2=Normal 1=Diminished 0=Absent

Biceps	C5-6	L	R
Triceps	C6-7	L	R
Radial	C6-7-8-T1	L	R
Patellar	L2-3-4	L	R
Achilles	L5-S1-2	L	R

MUSCLE TESTING

5=Normal 4=Good 3=Fair 2=Poor
1=Trace 0=No Contraction

Deltoid	L	R
Wrist Ext	L	R
Wrist Flex	L	R
Quad	L	R
Hamstring	L	R
Ext Hal Lon	L	R

PCS

☐ Attention	☐ Memory	1/2
☐ Dizziness	☐ Apathy	3/7
☐ Headache	☐ Fatigue	
☐ Anxiousness	☐ Insomnia	
☐ Change in Personality		

ADL

☐ Sleep	☐ Walking
☐ Sitting	☐ Standing
☐ Bending	☐ Lifting
☐ Working	☐ Recreation

PTSD & ASD

☐ Flashbacks	☐ Nightmares	1/3
☐ Exposure Distress		
☐ Avoidance Behavior		1/1
☐ Anger	☐ Insomnia	2/5
☐ Hypervigilance	☐ Irritability	
☐ Concentration		

MISC FINDINGS

_____

_____

_____

_____

_____

☐ SEE DIAGNOSIS PAGE

INITIAL DIAGNOSIS

_____

_____

_____

_____

_____

☐ Initial Exam 99203

☐ Re-Eval 99213

CHIROPRACTOR NAME _____

DATE _____

CHIROPRACTOR SIGNATURE _____

CHIROFIT™

623.773.2000

PHYSICAL, NEUROLOGICAL, & ORTHOPEDIC EXAM

PATIENT NAME: _____ DATE: _____

☐ SEE NECK/LOW BACK PNO

HEIGHT: ' "

WEIGHT: lbs

AGE:

BLOOD PRESSURE: / mm Hg

PULSE: BPM

SENSORY (PINWHEEL/COTTON):

UPPER:

LOWER:

SHOULDER EXAM

ROM	NORMAL	R	L	NOTES:
Flexion	180			
Extension	45			
Abduction	180			
Adduction	45			
Int. Rot.	55			
Ext. Rot.	45			

SHOULDER ORTHOPEDIC TESTS	+/-	
Dugas Test	-	
Supraspinatus Test	-	
Apley's Scratch Test	-	
Anterior Apprehension Test	-	
Posterior Apprehension Test	-	

ELBOW EXAM

ROM	NORMAL	R	L	NOTES:
Flexion	135+			
Extension	0-5			
Supination	90			
Pronation	90			

ELBOW ORTHOPEDIC TESTS	+/-	
Mill's Test	-	
Cozen's Test	-	
Abduction Stress Test	-	
Adduction Stress Test	-	

WRIST EXAM

ROM	NORMAL	R	L	NOTES:
Flexion	80			
Extension	70			
Ulnar Dev.	30			
Radial Dev.	20			

WRIST ORTHOPEDIC TESTS	+/-	
Phalen's Test	-	
Tinel's Wrist Test	-	
Weight Bearing Sign	-	

INITIAL DIAGNOSIS

_____

_____

_____

☐ SEE DIAGNOSIS PAGE

☐ Initial Exam 99203

☐ Re-Eval 99213

HIP EXAM

ROM	NORMAL	R	L	NOTES:
Flexion	135			
Extension	15			
Abduction	45			
Adduction	25			
Int. Rot.	35			
Ext. Rot.	45			

HIP ORTHOPEDIC TESTS	+/-	Notes:
Ely's Test	-	
Gaenslen's Test	-	
Hibb's Test	-	
Nachla's Test	-	
Ober's Test	-	
Patrick's Test	-	
Trendelenburg Test	-	
Yeoman's Test	-	

KNEE EXAM

ROM	NORMAL	R	L	NOTES:
Flexion	135			
Extension	0			

KNEE ORTHOPEDIC TESTS	+/-	
Drawer Sign	-	
McIntosh Test	-	
Bounce Home Test	-	
Apley's Distraction Test	-	
Apley's Compression Test	-	
Abduction Stress (Varus)	-	
Abduction Stress (Valgus)	-	
Patellar Grinding Test	-	
Patellar Ballotment Test	-	
Patellar Apprehension Test	-	

ANKLE EXAM

ROM	NORMAL	R	L	NOTES:
D. Flexion	20			
P. Flexion	50			
Inversion	5			
Eversion	5			

ANKLE ORTHOPEDIC TESTS	+/-	
Tinel's Foot Sign	-	
Drawer's Foot Sign	-	
Medial Stability Test	-	
Lateral Stability Test	-	

REFLEXES

5=Sustained Clonus 4=Clonus 3=Hyper
2=Normal 1=Diminished 0=Absent

Biceps	C5-6	L	R
Triceps	C6-7	L	R
Radial	C6-7-8-T1	L	R
Patellar	L2-3-4	L	R
Achilles	L5-S1-2	L	R

☐ SEE NECK/LOW BACK PNO

MUSCLE TESTING

5=Normal 4=Good 3=Fair 2=Poor
1=Trace 0=No Contraction

Deltoid	L	R
Wrist Ext	L	R
Wrist Flex	L	R
Quad	L	R
Hamstring	L	R
Ext Hal Lon	L	R

☐ SEE NECK/LOW BACK PNO

OTHER:

_____

_____

_____

_____

NOTES:

_____

_____

_____

_____

_____

_____ _____

CHIROPRACTOR NAME CHIROPRACTOR SIGNATURE

_____

DATE