

Evaluation

Movement Patterns / Muscle Length & Strength Testing:

TEST	POSITIVE	PROBLEM LIST	Short Term Goal
Trunk Flexion/Reflexion Test ○ Pain ○ Passed test	○ Inability to reach fingers to floor _____ inches L. M O S / R. M O S ○ Asymmetry of movement when returning to upright position Rating: _____	○ Shortened hamstring ○ Lumbar spine hypo-mobility ○ Nerve root tension ○ Shorten lumbar musculature	○ Increase Hamstring length ○ Increase lumbar spine mobility ○ Decrease nerve root tension ○ Increase lumbar musculature
Seated SLR-Neutral ○ Pain ○ Passed test	○ Inability to maintain lordosis Rating _____ ○ Difficulty with movement Rating _____	○ Nerve root tension ○ Hamstring shortening	○ Decrease nerve root tension ○ Increase hamstring length
Seated SLR-Head Flexed ○ Pain ○ Passed test	○ Inability to maintain lordosis L. M O S / R. M O S ○ Difficulty with movement L. M O S / R. M O S	○ Nerve root tension ○ Hamstring shortening	○ Decrease nerve root tension ○ Increase hamstring length
Arm Abduction to 90 degrees in seated position ○ Pain ○ Passed test	○ Shoulder Hiking L. M O S / R. M O S ○ Early Scapula rotation L. M O S / R. M O S	○ Overactive upper trapezius muscle ○ Weakness of middle/lower trapezius muscle	○ Normalize Upper Traps tone ○ Strengthen M/L Traps
Upper Trapezius Length ○ passed	L. M O S / R. M O S	○ Shortening of upper trapezius	○ increase Upper Trap length
Levator Scapulae Length ○ passed	L. M O S / R. M O S	○ Shortening of levator scapulae	○ Increase Lev. Scap length
Pectoralis Major Length ○ passed	L. M O S / R. M O S	○ Shortening of pectoralis major	○ Increase Pec Maj length
Pectoralis Minor length ○ passed	L. M O S / R. M O S	○ Shortening if pectoralis minor	○ Increase Pec Minor length
Thomas Test ○ passed	○ Failure of the thigh to lay flat Rating _____ ○ Leg above 90 degrees Rating _____	○ Shortened Psoas ○ Shortened Rectus Femoris	○ Increase Psoas length ○ Increase Rectus Femoris length
Hamstring Length ○ passed	L. M O S / R. M O S	○ Nerve root tension ○ Shortened hamstrings	○ Decrease nerve root tension ○ Increase length hamstrings
TFL Length ○ passed	L. M O S / R. M O S	○ Shortening of TFL	○ Increase length TFL
Piriformis Length ○ passed	L. M O S / R. M O S	○ Shortening of Piriformis	○ Increase length Piriformis
Patrick Faber: knee becomes parallel with table. (Check for restriction and pain) ○ passed	○ Restriction L. M O S / R. M O S ○ Pain L / R	○ Tight adductors ○ Hip restriction	○ Increase length Adductors ○ Increase hip ROM
Adductor length test ○ passed	L. M O S / R. M O S	○ Shortened adductor muscles	○ Increase length Adductors
Head / Neck Flexion Test ○ passed	○ Chin juts forward ○ Pain	○ SCM over activity ○ Suboccipital over-activity ○ Weakness of deep neck flexors	○ Normalize tone SCM ○ Normalize tone suboccipital

Name: _____

Date: _____

Key: L=Left; R-Right; M=Minimum; O=Moderate; S=Severe; Check mark=tested and negative

Evaluation

			<input type="radio"/> Strengthen Deep Neck Flexors
Static ¼ Sit-Up Test: Normal: 19-29 yrs (1m 37s) 30-39 (1m 12s) 40-49 (42s) 50-59 (36s) 60+(26s) <input type="radio"/> Passed	<input type="radio"/> Performed _____ <input type="radio"/> Patient terminated _____ <input type="radio"/> Pain _____ <input type="radio"/> Loss of heel pressure	<input type="radio"/> Rectus Abdominal weakness <input type="radio"/> Thoracic hypo-mobility <input type="radio"/> Overactive Iliopsoas	<input type="radio"/> Strengthen Rec Abd <input type="radio"/> Increase mobility thoracic spine <input type="radio"/> Normalize tone iliopsoas
Pelvic Tilt a. Supine b. Legs extended out c. Legs extended up <input type="radio"/> passed	<input type="radio"/> Unable to perform A <input type="radio"/> Unable to perform B <input type="radio"/> Unable to perform C Rating _____	<input type="radio"/> Pelvic un-coordination <input type="radio"/> Lower abdominis weakness	<input type="radio"/> Improve Pelvic Coordination <input type="radio"/> Strengthen Abdominis
Hip Flexion Test: Pt. in supine position. Dr. elevates straight leg. Pt is asked to hold position. <input type="radio"/> passed	<input type="radio"/> Pain L / R <input type="radio"/> Weakness L / R <input type="radio"/> Rotation of Pelvis L / R	<input type="radio"/> Core Instability	<input type="radio"/> Strengthen Core
Nachlas Test <input type="radio"/> Pain <input type="radio"/> passed	<input type="radio"/> Restriction Rating _____	<input type="radio"/> SI/ Lumbosacral Involvement <input type="radio"/> Shortened Rectus Fem.	<input type="radio"/> ROM Rectus Fem.
Hip Extension coordination/ Strength Test <input type="radio"/> passed	<input type="radio"/> Anterior pelvic Tilt <input type="radio"/> Lumbar Twisting L. M O S / R. M O S <input type="radio"/> Knee Flexion L. M O S / R. M O S <input type="radio"/> Weakness to Resistance L. M O S / R. M O S	<input type="radio"/> Gluteus maximus weakness <input type="radio"/> Overactive erector spinae <input type="radio"/> Shortened psoas <input type="radio"/> Overactive hamstrings	<input type="radio"/> Strengthen Glut Max <input type="radio"/> Normalize tone erector spinae <input type="radio"/> increase Psoas length <input type="radio"/> normalize hamstring length
M/L Trapezius Muscle Test (prone position) <input type="radio"/> passed	L. M O S / R. M O S	<input type="radio"/> Weakness of lower, mid traps	<input type="radio"/> Strengthen L/M Traps
Push-up plus test <input type="radio"/> passed	<input type="radio"/> Shoulder blades move medial and superior ◇M ◇O ◇S	<input type="radio"/> Weakness of Anterior serratus muscle	<input type="radio"/> Strengthen Ant. Serratus
Hip abduction coordination test <input type="radio"/> passed	<input type="radio"/> Cannot abduct leg w/o flexion L. M O S / R. M O S <input type="radio"/> Foot externally rotates L. M O S / R. M O S <input type="radio"/> Hip Hiking L. M O S / R. M O S <input type="radio"/> Pain L / R <input type="radio"/> Weakness to Resistance L. M O S / R. M O S	<input type="radio"/> Tight TFL <input type="radio"/> Tight piriformis <input type="radio"/> Tight quadratus lumborum <input type="radio"/> Weakness of glut med	<input type="radio"/> Increase TFL length <input type="radio"/> Increase piriformis length <input type="radio"/> Increase length quadratus lumborum <input type="radio"/> Strengthen Glut Med

Gait Analysis:

G1. Decreased Push off	◇L ◇R	<input type="radio"/> Weak Gastrocs	<input type="radio"/> Increase gastroc strength
G2. Decreased Heel strike	◇L ◇R	<input type="radio"/> Weak Dorsiflexors	<input type="radio"/> Increase dorsiflors strength
G3. Decreased Knee Flex	◇L ◇R	<input type="radio"/> Decreased ROM of knee <input type="radio"/> Tight quads	<input type="radio"/> Increase ROM knee <input type="radio"/> Increase length quads
G4. Decreased Trunk Rotation	◇L ◇R	<input type="radio"/> Decreased lumbar Rom	<input type="radio"/> Increase lumbar ROM
G5. Antalgic Gait (early unloading)	◇L ◇R	<input type="radio"/> Pain	<input type="radio"/> Decrease pain
G6. Circumduction	◇L ◇R	<input type="radio"/> Unable to clear foot	<input type="radio"/> Increase hip flexor strength

Name: _____

Date: _____

Key: L=Left; R-Right; M=Minimum; O=Moderate; S=Severe; Check mark=tested and negative

Evaluation

		○ Weak ABD on opposite side	○ Increase ABD opposite side
G7. Increased Toe Outing	◇L ◇R	○ ADD used to flex hips ○ Weak Dorsiflexors ○ Tight hip external rotators	○ Increase strength dorsi-flexors ○ Increase ROM internal rotation ○ Encourage hip flexors to activate
G8. Abnormal Reciprocal Arm Swing	◇L ◇R	○ Shoulder Problems ○ Decreased trunk rotation	○ Increase trunk rotation ○ Mobilize shoulders
G9. Gluteus Medius Lurch	◇L ◇R	○ Weak glut med on same side	○ Increase strength glut med
G10. Gluteus Maximus Lurch	◇L ◇R	○ Weak glut max on same side	○ Increase glut max strength
G11. Hip Hiking	◇L ◇R	○ Weak Dorsiflexors ○ Inability to clear floor ○ Poor quad strength	○ Increase strength dorsi-flexors ○ Increase quad strength
G12. Abnormal Base Width	◇increased ◇decreased	○ Balance Problems ○ ADD tightness	○ Improve balance ○ Increase length hip adductors

General Posture:

P1. Head carriage	◇ Ant ◇ Post ◇M ◇O ◇S	P6. Elevated Ilium	L M O S R M O S
P2. Head lateral tilt	L M O S R M O S	P7. Thoracic Kyphosis	◇Hyper ◇Hypo ◇M ◇O ◇S
P3. Shoulder rounded	L M O S R M O S	P8. Lumbar lordosis	◇Hyper ◇Hypo ◇M ◇O ◇S
P4. Shoulder elevated	L M O S R M O S	P9. Cervical Rotation	◇L ◇R
P5. Winged scapula	L M O S R M O S	P10. Scoliosis (Adams)	◇Pos ◇Neg ◇M ◇O ◇S
SHORT TERM GOAL:	improve posture		

Standing Stability Tests:

B1. Leg standing balance test- time until patient reaches out, hops, puts foot down or touch weight bearing leg Normal: 20-59 yr (24s) 60-69 yr (10s) 70-79 yrs (4s) ○ Pass	Eyes open L. /30 R. /30 Eyes closed L. /10 R. /10	○ Balance Deficit M O S	○ Improve Balance
B2. Trendelenburg Sign - Contralateral shoulder elevation - Pelvic Shift ○ pass	◇Pass ◇Fail	○ Gluteus Medius Weakness M O S	○ Strengthen Glut Med
B3: Lunge/ Kneel Test (can patient perform lunge to kneeling position and return without lumbar kyphosis) ○ pass	◇Pass ◇Fail	○ Global Weakness M O S ○ Balance Deficit M O S ○ Over Active Psoas M O S ○ Knee Compromise M O S	○ Strengthen Globally ○ Improve Balance ○ Increase length of Psoas muscle ○ Improve Knee Function
B4. Squat Coordination (note if patient can perform squat to 90° knee flexion without kyphosing the lumbar spine. Also note if soleus is shortened)	◇Pass ◇Fail Was soleus shortened?	○ Global Weakness M O S ○ Shorten Soleus m. M O S	○ Strengthen Globally ○ Increase length Soleus/Calves

Name: _____

Date: _____

Key: L=Left; R=Right; M=Minimum; O=Moderate; S=Severe; Check mark=tested and negative

Evaluation

	Spasm/ Tenderness	
	L	R
Suboccipitals		
Upper Trapezius		
Middle Trapezius		
Lower Trapezius		
Levator Scapulae		
Deltoid A-M-P		
Bicep		
Tricep		
Wrist Flexors		
Wrist Extensors		
Pectoralis Major		
Pectoralis Minor		
Rectus Abdominis		
Obliques		
Psoas		
Erector Spinae Levels		
Latissimus Dorsi		
Rhomboid		
Glut Max		
Glut Med		
Piriformis		
Quadriiceps		
Hamstring		
Soleus/Gastrocnemius		
Plantar Fascia		
Other		
Other		

Plan:

Long Term Goals:

1. _____ 2. _____ 3. _____

- Refer to treatment orders for any changes
- Continue Care _____ x/Wk for _____ wks
- Discharge in ___ visits

Doctor Signature _____ Date: _____

Name: _____

Date: _____

Key: L=Left; R-Right; M=Minimum; O=Moderate; S=Severe; Check mark=tested and negative

Evaluation

GENERAL	LOWER EXTREMITY
M79.1 Myalgia	M25.551 Pain in right hip
M54.89 Dorsalgia	M25.651 Stiffness of right hip ,
M60.9 Myositis, unspecified	M60.851 Other myositis, right thigh
M62.838 Other Muscle Spasm	M16.11 Osteo-arthritis right hip
G44.209 Tension-type headache, unspecified, not intractable	M25.552 Pain in left hip
G44.1 Vascular headache, not elsewhere classified	M25.652 Stiffness of left hip
G43.919 Migraine, unspecified, intractable, without status migrainosus	M60.852 Other myositis, left thigh
R20.2 Paresthesia of skin	M16.12 Osteo-arthritis left hip
R20.3 Hyperesthesia	M25.561 Pain in right knee
M62.81 Muscle weakness	M25661 Stiffness of right knee ,
R29.3 Abnormal Posture	M60.861 Other myositis, right lower leg
M60.89 Other myositis, multiple sites	M17.11 Osteo-arthritis right knee
M40.00 Postural kyphosis, site unspecified	M22.41 Chondromalacia right knee
CERVICAL	M25.562 Pain in left knee
M54.2 Cervicalgia	M25.662 Stiffness of left knee ,
M47.812 Spondylosis without myelopathy or radiculopathy, cervical region	M60.862 Other myositis, left lower leg
M54.12 Radiculopathy, cervical region	M17.12 Osteo-arthritis left knee
M50.31 cervical disc degeneration high cervical region	M22.42 Chondromalacia left knee
M50.32 cervical disc degeneration mid-low cervical region	M25.571 Pain in right ankle and joints of right foot
M50.11 cervical disc disorder with radiculopathy, high cervical region	M25671 Stiffness of right ankle ,
M50.12 cervical disc disorder with radiculopathy, mid to low cervical region	M25.572 Pain in the left ankle and joints of left foot
	M25672 Stiffness of left ankle
	M25674 Stiffness of right foot
LUMBAR	M60.871 Other myositis, right ankle and foot
M54.5 low back pain	M25675 Stiffness of left foot
M51.26 Other intervertebral disc displacement, lumbar region	M60.872 Other myositis, left ankle and foot
M51.27 Other intervertebral disc displacement, lumbosacral region	M70.61 Trochanteric bursitis rt.
	M70.62 trochanteric bursitis left
M54.31 sciatica right side	M76.11 Psoas tendinitis right
M54.32 Sciatica left side	M76.12 Psoas tendinitis left
M54.16 Radiculopathy, lumbar region	
M54.17 Radiculopathy, lumbosacral region	UPPER EXTREMITY
M51.06 Intervertebral disc disorders with myelopathy, lumbar region	M25.511 Pain in right shoulder

Name: _____

Date: _____

Key: L=Left; R-Right; M=Minimum; O=Moderate; S=Severe; Check mark=tested and negative

Evaluation

		M60.811 Other myositis, right shoulder
THORACIC		M25.611 Stiffness of right shoulder , not elsewhere classified
M54.6 Pain in thoracic region		M60.821 Other myositis, right upper arm
M54.14 Radiculopathy, thoracic region		M25.512 Pain in left shoulder
M47.814 Spondylosis without myelopathy or radiculopathy, thoracic region		M60.812 Other myositis, left shoulder
		M25.612 Stiffness of left shoulder not elsewhere classified
		M60.822 Other myositis, left upper arm
SACRUM AND PELVIS		M25.521 Pain in right elbow
M46.1 Sacroiliitis		M60.831 Other myositis, right forearm
M99.04 Segmental and somatic dysfunction of sacral region		M25.621 Stiffness of right elbow , not elsewhere classified
		M25.522 Pain in left elbow
		M60.832 Other myositis, left forearm
		M25622 Stiffness of left elbow , not elsewhere classified
		M25.531 Pain in right wrist
		M60.841 Other myositis, right hand
		M25.532 Pain in left wrist
		M60.842 Other myositis, left hand
		M25.631 Stiffness of right wrist , not elsewhere classified
		M25.632 Stiffness of left wrist , not elsewhere classified
		M25.641 Stiffness of right hand , not elsewhere classified
		M25.642 Stiffness of left hand , not elsewhere classified

Name: _____

Date: _____

Key: L=Left; R=Right; M=Minimum; O=Moderate; S=Severe; Check mark=tested and negative

Evaluation

TREATMENT ORDERS

- Continue Established Active Care Plan
 - Add the Following Activities as Marked
 - Discontinue: _____
-

Treatment:

- Hot Pack/Cold Pack X _____ minutes to _____ (area)
- E-stimulation Unattended/Attended Pulsed/Surge X _____ minutes to _____ (area)
- Decompression X _____ minutes to _____ (area)
- Ultrasound X _____ minutes at _____ watts/cm² to _____ (area) gel water

Stretching:

Contract/Relax (3x each @ 30 sec) Active (3x each @ 30 sec)

--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--

- 1. Upper Trapezius
- 2. Neck Extensors
- 3. Suboccipitals
- 4. Shoulder IR/ER L / R
- 5. Elbow Flex/Ext/Sup/Pron L / R
- 6. Wrist Flex/Ext L / R
- 7. Lumbar Erectors
- 8. Psoas L / R
- 9. Piriformis L / R.
- 10. Hamstrings L / R
- 11. Quads L / R
- 12. Adductors L / R
- 13. TFL
- 14. Rhomboid
- 15. Calves
- 16. Chest
- 17. cervical traction:
_____ X _____ seconds
- 18. 6 Way Stretching Strap
- 19. Levator Scapula

Balance/Coordination (Neuromuscular Re-education):

- Wobble Board Progression
- Wobble Chair: progression of 7 position
- Ball (swiss) x _____ min
- Bosu Balance Progression

Therapeutic Exercises:

- Cervical/Thoracic track
- Shoulder track
- Pelvic Tilt Prog.
- Gluteus med. Prog.
- Lumbar track
- Hip strengthening
- Knee strengthening
- Ankle strengthening
- Tush Squeeze Prog.
- Head weighting _____ lbs
- Shoulder weighting _____ lbs
- Bike x _____ min and progress to _____ min
- Treadmill x _____ min and progress to _____ min
- Hip weighting _____ lbs

ACTIVITIES OF DAILY LIVING

Name: _____

Date: _____

Key: L=Left; R-Right; M=Minimum; O=Moderate; S=Severe; Check mark=tested and negative

Evaluation

Frequency:

- 3 x per week for **3** weeks. Reevaluate in **3** weeks.
- 3 x per week for **2** weeks. Reevaluate in **2** weeks.
- 3 x per week for **1** weeks. Reevaluate in **1** week.
- 3 x per week. Reevaluate in _____

DIAGNOSTICS/SCHEDULING ORDERS

Computerized ROM:

- Repeat Deficits Only from Last Testing

- Initial:**
 - Cervical Series
 - Thoracic Series
 - Lumbar Series
- Hip Series
- Knee Series
- Ankle Series
- Shoulder Series
- Elbow Series
- Wrist Series

- Other: _____

- Home Program / Discharge Planning

- Posture Brace
- Back Brace
- Knee Brace left right
- Tens Unit

Physician's signature: _____

Date: _____

Name: _____

Date: _____

Key: L=Left; R-Right; M=Minimum; O=Moderate; S=Severe; Check mark=tested and negative