Maciej Majzel, D.C., QME
Chiropractic corporation

[ ] Physical Therapy Initial Evaluation Report
[X] Physical Therapy Re-Evaluation Report

Account # 7343
Date of Injury: CT 1/1/12 - 4/8/14
Date of Examination: 2/15/16
Patient's Name: Santillan Maria Gender: ☐ M ☑ F DOB: 3/26/67 SSN: _____
Dominant Hand: ☒ R ☐ L
Referring Physician: Gendelman Contra Indications _____
History: The patient was involved in a ☒ workers' comp ☐ personal injury/accident on _____
sustaining injury(ies) to CS LS
The patient was evaluated by Dr. Gendelman and referred to Physical Therapist for evaluation and treatment as necessary.

PTP Diagnosis:
1. _____ 10. _____
2. CS S/S 11. _____
3. _____ 12. _____
4. _____ 13. _____
5. LS S/S 14. _____
6. _____ 15. _____
7. _____ 16. _____
8. _____ 17. _____
9. _____ 18. _____

3x4

Subjective Complaints

☐ **Head**

☐ Pain	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe

☑ **C-Spine**

☐ Stiffness		☐ no 7/10	☐ yes		
☑ Pain	☐ no	☑ yes	☐ slight	☑ moderate	☐ severe
☐ R Upper Extremity	☐ no	☑ yes	☑ slight	☐ moderate	☐ severe
☑ L Upper Extremity	☐ no	☑ yes	☑ slight	☐ moderate	☐ severe
☑ Tingling	☐ no	☑ yes	☑ slight	☐ moderate	☐ severe
☑ R Upper Extremity	☐ no	☑ yes	☑ slight	☐ moderate	☐ severe
☐ L Upper Extremity	☐ no	☑ yes	☑ slight	☐ moderate	☐ severe
☑ Numbness	☐ no	☑ yes	☑ slight	☐ moderate	☐ severe
☑ R Upper Extremity	☐ no	☑ yes	☑ slight	☐ moderate	☐ severe
☑ L Upper Extremity	☐ no	☑ yes	☐ slight	☐ moderate	☐ severe
☑ Weakness	☐ no	☑ yes			
☐ R Upper Extremity	☐ no	☑ yes	☑ slight	☐ moderate	☐ severe
☑ L Upper Extremity	☐ no	☑ yes	☑ slight	☐ moderate	☐ severe

☐ **T-Spine**

☐ Pain	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Tingling	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Numbness	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Stiffness	☐ no	☐ yes			

Patient's Name _____ Acct # _____

☐ L-Spine

☐ Pain	☐ no	☑ yes	☐ slight	☐ moderate	☐ severe
☑ R Lower Extremity	☐ no	☑ yes	☐ slight	☐ moderate	☐ severe
☐ L Lower Extremity	☐ no	☑ yes	☐ slight	☐ moderate	☐ severe
☐ Tingling	☐ no	☑ yes	☐ slight	☐ moderate	☐ severe
☑ R Lower Extremity	☐ no	☑ yes	☐ slight	☐ moderate	☐ severe
☐ L Lower Extremity	☐ no	☑ yes	☐ slight	☐ moderate	☐ severe
☐ Numbness	☐ no	☑ yes	☐ slight	☐ moderate	☐ severe
☑ R Lower Extremity	☐ no	☑ yes	☑ slight	☐ moderate	☐ severe
☐ L Lower Extremity	☐ no	☑ yes	☑ slight	☐ moderate	☐ severe
☐ Weakness	☐ no	☑ yes			
☐ Stiffness	☐ no	☑ yes			

7110

☐ Chest/Abdomen

☐ Pain	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe

☐ R Shoulder

☐ Pain	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Tingling	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Numbness	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Weakness	☐ no	☐ yes			
☐ Stiffness	☐ no	☐ yes			

☐ L Shoulder

☐ Pain	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Tingling	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Numbness	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Weakness	☐ no	☐ yes			
☐ Stiffness	☐ no	☐ yes			

☐ R Arm

☐ Pain	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Tingling	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Numbness	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Weakness	☐ no	☐ yes			
☐ Stiffness	☐ no	☐ yes			

☐ L Arm

☐ Pain	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Tingling	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Numbness	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Weakness	☐ no	☐ yes			
☐ Stiffness	☐ no	☐ yes			

☐ R Elbow

☐ Pain	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Tingling	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Numbness	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Weakness	☐ no	☐ yes			
☐ Stiffness	☐ no	☐ yes			

☐ L Elbow

☐ Pain	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Tingling	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Numbness	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Weakness	☐ no	☐ yes			
☐ Stiffness	☐ no	☐ yes			

☐ R Forearm

☐ Pain	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Tingling	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Numbness	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Weakness	☐ no	☐ yes			
☐ Stiffness	☐ no	☐ yes			

☐ **L Forearm**

☐ Pain	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Tingling	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Numbness	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Weakness	☐ no	☐ yes			
☐ Stiffness	☐ no	☐ yes			

☐ **R Wrist**

☐ Pain	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Tingling	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Numbness	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Weakness	☐ no	☐ yes			
☐ Stiffness	☐ no	☐ yes			

☐ **L Wrist**

☐ Pain	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Tingling	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Numbness	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Weakness	☐ no	☐ yes			
☐ Stiffness	☐ no	☐ yes			

☐ **R Hand**

☐ Pain	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Tingling	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Numbness	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Weakness	☐ no	☐ yes			
☐ Stiffness	☐ no	☐ yes			

☐ **L Hand**

☐ Pain	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Tingling	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Numbness	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Weakness	☐ no	☐ yes			
☐ Stiffness	☐ no	☐ yes			

☐ **R Hip**

☐ Pain	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Tingling	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Numbness	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Weakness	☐ no	☐ yes			
☐ Stiffness	☐ no	☐ yes			

☐ **L Hip**

☐ Pain	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Tingling	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Numbness	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Weakness	☐ no	☐ yes			
☐ Stiffness	☐ no	☐ yes			

☐ **R Thigh**

☐ Pain	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Tingling	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Numbness	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Weakness	☐ no	☐ yes			

☐ **L Thigh**

☐ Pain	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Tingling	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Numbness	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Weakness	☐ no	☐ yes			

☐ **R Knee**

☐ Pain	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Tingling	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Numbness	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Weakness	☐ no	☐ yes			
☐ Stiffness	☐ no	☐ yes			

☐ L Knee

☐ Pain	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Tingling	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Numbness	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Weakness	☐ no	☐ yes			
☐ Stiffness	☐ no	☐ yes			

☐ R Lower Leg

☐ Pain	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Tingling	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Numbness	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Weakness	☐ no	☐ yes			
☐ Stiffness	☐ no	☐ yes			

☐ L Lower Leg

☐ Pain	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Tingling	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Numbness	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Weakness	☐ no	☐ yes			
☐ Stiffness	☐ no	☐ yes			

☐ R Ankle

☐ Pain	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Tingling	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Numbness	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Weakness	☐ no	☐ yes			
☐ Stiffness	☐ no	☐ yes			

☐ L Ankle

☐ Pain	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Tingling	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Numbness	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Weakness	☐ no	☐ yes			
☐ Stiffness	☐ no	☐ yes			

☐ R Foot

☐ Pain	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Tingling	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Numbness	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Weakness	☐ no	☐ yes			
☐ Stiffness	☐ no	☐ yes			

☐ L Foot

☐ Pain	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Tingling	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Numbness	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Weakness	☐ no	☐ yes			
☐ Stiffness	☐ no	☐ yes			

Medical History

☐ Diabetes	☐ Hypertension	☐ Cancer	☐ Epilepsy	☐ Arthritis	☐ Coronary Artery Disease
☐ Pregnant	☐ Hepatitis	☐ Skin Irritation	☐ Heart Desease	☐ Lung Disease	☐ Kidney Disease
☐ Meningitis	☐ Rheumatoid Arthritis		☒ Unremarkable	☐ _____	☐ _____

Surgical History

☐ Pacemaker	☐ Post Surgery Knee	☐ Metal Implant	☒ Abdomnal Inguinal Herniorhaphy	☐ Shoulder Surgery	☐ Elbow Surgery
☐ Spinal Surgery	☒ Knee Surgery	☐ Wrist Surgery	☐ Appendectomy	☐ Unremarkable	☐ _____

Family History

☐ Diabetes	☐ Hypertension	☐ Cancer	☐ Epilepsy	☐ Heart Desease	☐ Cor Art Disease
☐ Lung Disease	☐ Kidney Disease	☐ _____	☐ _____	☐ _____	☐ _____

Mental Status

☐ Anxious	☐ Depressed	☐ Tearful	☐ Agitated	☐ Unkempt	☐
☐ Alert and ☐ oriented to ☐ time (day/month/year), ☐ place, ☐ person, ☐ situation.					

Medications

_____

_____

Observations

☐ Patient ambulates without a limp. ☐ Moving into and out of exam room and onto the table without problem.

☐ Patient ambulates with antalgic gait, favoring the ☐ right ☐ left lower extremity. ☐ Slow gait pattern.

☐ Patient requires assistive device ☐ cane ☐ wheelchair ☐ crutches ☐ walker ☐ quad cane ☐ C/S brace ☐ L/S brace ☐ wrist brace ☐ tennis elbow brace ☐ thumb spica ☐ knee sleeve ☐ knee brace ☐ ankle brace ☐ _____ ☐ _____ ☐ _____ ☐ _____ ☐ _____ ☐ _____

Functional Limitations

☐ **C-Spine**

☑ Walking	☑ Standing	☑ Bending	☑ Twisting	☑ Squatting	☑ Kneeling	☑ Stairs
☐ Supine-sit	☐ Sit-stand	☑ Sitting	☐ Lifting	☐ Reaching	☐ Grasping	☐ Driving
☑ Pushing	☑ Pulling	☐ Overhead Activities		☐ _____	☐ _____	☐ _____

☐ **T-Spine**

☐ Walking	☐ Standing	☐ Bending	☐ Twisting	☐ Squatting	☐ Kneeling	☐ Stairs
☐ Supine-sit	☐ Sit-stand	☐ Sitting	☐ Lifting	☐ Reaching	☐ Grasping	☐ Driving
☐ Pushing	☐ Pulling	☐ Overhead Activities		☐ _____	☐ _____	☐ _____

☐ **L-Spine**

☑ Walking	☑ Standing	☑ Bending	☑ Twisting	☑ Squatting	☑ Kneeling	☑ Stairs
☐ Supine-sit	☐ Sit-stand	☑ Sitting	☐ Lifting	☐ Reaching	☐ Grasping	☐ Driving
☑ Pushing	☑ Pulling	☐ Overhead Activities		☐ _____	☐ _____	☐ _____

☐ **Chest/Abdomen**

☐ Walking	☐ Standing	☐ Bending	☐ Twisting	☐ Squatting	☐ Kneeling	☐ Stairs
☐ Supine-sit	☐ Sit-stand	☐ Sitting	☐ Lifting	☐ Reaching		☐ Driving
☐ Pushing	☐ Pulling	☐ Overhead Activities		☐ _____	☐ _____	☐ _____

☐ **R Shoulder**

☐ Lifting	☐ Reaching	☐ Grasping	☐ Driving			
☐ Pushing	☐ Pulling	☐ Overhead Activities		☐ _____	☐ _____	☐ _____

☐ **L Shoulder**

☐ Lifting	☐ Reaching	☐ Grasping	☐ Driving			
☐ Pushing	☐ Pulling	☐ Overhead Activities		☐ _____	☐ _____	☐ _____

☐ **R Arm**

☐ Lifting	☐ Reaching	☐ Grasping	☐ Driving			
☐ Pushing	☐ Pulling	☐ Overhead Activities		☐ _____	☐ _____	☐ _____

Patient's Name _____ Date # _____

☐ **L Arm**
☐ Lifting ☐ Reaching ☐ Grasping ☐ Driving
☐ Pushing ☐ Pulling ☐ Overhead Activities ☐ _____ ☐ _____ ☐ _____

☐ **R Elbow**
☐ Lifting ☐ Reaching ☐ Grasping ☐ Driving
☐ Pushing ☐ Pulling ☐ Overhead Activities ☐ _____ ☐ _____ ☐ _____

☐ **L Elbow**
☐ Lifting ☐ Reaching ☐ Grasping ☐ Driving
☐ Pushing ☐ Pulling ☐ Overhead Activities ☐ _____ ☐ _____ ☐ _____

☐ **R Forearm**
☐ Lifting ☐ Reaching ☐ Grasping ☐ Driving
☐ Pushing ☐ Pulling ☐ Overhead Activities ☐ _____ ☐ _____ ☐ _____

☐ **L Forearm**
☐ Lifting ☐ Reaching ☐ Grasping ☐ Driving
☐ Pushing ☐ Pulling ☐ Overhead Activities ☐ _____ ☐ _____ ☐ _____

☐ **R Wrist**
☐ Lifting ☐ Reaching ☐ Grasping ☐ Driving
☐ Pushing ☐ Pulling ☐ Overhead Activities ☐ _____ ☐ _____ ☐ _____

☐ **L Wrist**
☐ Lifting ☐ Reaching ☐ Grasping ☐ Driving
☐ Pushing ☐ Pulling ☐ Overhead Activities ☐ _____ ☐ _____ ☐ _____

☐ **R Hand**
☐ Lifting ☐ Reaching ☐ Grasping ☐ Driving
☐ Pushing ☐ Pulling ☐ Overhead Activities ☐ _____ ☐ _____ ☐ _____

☐ **L Hand**
☐ Lifting ☐ Reaching ☐ Grasping ☐ Driving
☐ Pushing ☐ Pulling ☐ Overhead Activities ☐ _____ ☐ _____ ☐ _____

☐ **R Hip**
☐ Walking ☐ Standing ☐ Bending ☐ Twisting ☐ Squatting ☐ Kneeling ☐ Stairs
☐ Supine-sit ☐ Sit-stand ☐ Sitting ☐ Lifting ☐ Driving ☐ Pushing ☐ Pulling
☐ _____ ☐ _____ ☐ _____

☐ **L Hip**
☐ Walking ☐ Standing ☐ Bending ☐ Twisting ☐ Squatting ☐ Kneeling ☐ Stairs
☐ Supine-sit ☐ Sit-stand ☐ Sitting ☐ Lifting ☐ Driving ☐ Pushing ☐ Pulling
☐ _____ ☐ _____ ☐ _____

☐ **R Thigh**
☐ Walking ☐ Standing ☐ Bending ☐ Twisting ☐ Squatting ☐ Kneeling ☐ Stairs
☐ Supine-sit ☐ Sit-stand ☐ Sitting ☐ Lifting ☐ Driving ☐ Pushing ☐ Pulling
☐ _____ ☐ _____ ☐ _____

☐ **L Thigh**
☐ Walking ☐ Standing ☐ Bending ☐ Twisting ☐ Squatting ☐ Kneeling ☐ Stairs
☐ Supine-sit ☐ Sit-stand ☐ Sitting ☐ Lifting ☐ Driving ☐ Pushing ☐ Pulling
☐ _____ ☐ _____ ☐ _____

☐ **R Knee**
☐ Walking ☐ Standing ☐ Bending ☐ Twisting ☐ Squatting ☐ Kneeling ☐ Stairs
☐ Supine-sit ☐ Sit-stand ☐ Sitting ☐ Lifting ☐ Driving ☐ Pushing ☐ Pulling
☐ _____ ☐ _____ ☐ _____

☐ **L Knee**
☐ Walking ☐ Standing ☐ Bending ☐ Twisting ☐ Squatting ☐ Kneeling ☐ Stairs
☐ Supine-sit ☐ Sit-stand ☐ Sitting ☐ Lifting ☐ Driving ☐ Pushing ☐ Pulling
☐ _____ ☐ _____ ☐ _____

☐ **R Lower Leg**
☐ Walking ☐ Standing ☐ Bending ☐ Twisting ☐ Squatting ☐ Kneeling ☐ Stairs
☐ Supine-sit ☐ Sit-stand ☐ Sitting ☐ Lifting ☐ Driving ☐ Pushing ☐ Pulling
☐ _____ ☐ _____ ☐ _____

☐ **L Lower Leg**
☐ Walking ☐ Standing ☐ Bending ☐ Twisting ☐ Squatting ☐ Kneeling ☐ Stairs
☐ Supine-sit ☐ Sit-stand ☐ Sitting ☐ Lifting ☐ Driving ☐ Pushing ☐ Pulling
☐ _____ ☐ _____ ☐ _____

☐ **R Ankle**
☐ Walking ☐ Standing ☐ Bending ☐ Twisting ☐ Squatting ☐ Kneeling ☐ Stairs
☐ Supine-sit ☐ Sit-stand ☐ Sitting ☐ Lifting ☐ Driving ☐ Pushing ☐ Pulling
☐ _____ ☐ _____ ☐ _____

☐ **L Ankle**
☐ Walking ☐ Standing ☐ Bending ☐ Twisting ☐ Squatting ☐ Kneeling ☐ Stairs
☐ Supine-sit ☐ Sit-stand ☐ Sitting ☐ Lifting ☐ Driving ☐ Pushing ☐ Pulling
☐ _____ ☐ _____ ☐ _____

☐ **R Foot**
☐ Walking ☐ Standing ☐ Bending ☐ Twisting ☐ Squatting ☐ Kneeling ☐ Stairs
☐ Supine-sit ☐ Sit-stand ☐ Sitting ☐ Lifting ☐ Driving ☐ Pushing ☐ Pulling
☐ _____ ☐ _____ ☐ _____

☐ **L Foot**
☐ Walking ☐ Standing ☐ Bending ☐ Twisting ☐ Squatting ☐ Kneeling ☐ Stairs
☐ Supine-sit ☐ Sit-stand ☐ Sitting ☐ Lifting ☐ Driving ☐ Pushing ☐ Pulling
☐ _____ ☐ _____ ☐ _____

Head and Face Exam Patient's Name_____ Acc. #_____

Head ☐ Normal contour and shape. No evidence of trauma appreciated.

☐ Tenderness on palpation noted over	R	L	BL
☐ Frontal area			
☐ Temporal area			
☐ Parietal area			
☐ Occipital area			
☐ Scalp muscles diffusely			
☐ Larceration over _____region ☐ Healing ☐ Healed			
☐ Scalp swelling over _____region			

Face ☐ No evidence of trauma

☐ Abrasion(s) _____	☐ Swelling over _____
☐ Larceration(s) _____	☐ Scar(s) _____
☐ Bruise(s) _____	☐ _____

Eye(s) ☐ No evidence of trauma

☐ PERRLA	☐ EOMI	
☐ Redness ☐ OD ☐ OS	☐ Periorbital ecchymosis ☐ OD ☐ OS	
☐ Visual acuity ☐ OD ☐ OS ☐ IU		

Ear(s) ☐ No evidence of trauma

☐ Abrasion	☐ Scar(s)
☐ Larceration	☐ _____

Nose ☐ No evidence of trauma

☐ Swollen	☐ Tender over the nose bridge	☐ Deformity
☐ Deviation	☐ Epistaxis	☐ _____

Mouth ☐ No evidence of trauma

☐ Upper gum ☐ swelling ☐ ecchymosis ☐ abrasion	☐ Lower lip ☐ swelling ☐ scar
☐ Upper lip ☐ swelling ☐ scar	☐ Lower gum ☐ swelling ☐ ecchymosis ☐ abrasion
☐ Mobile/avulsed/chipped tooth # _____	☐ _____

TMJ ☐ Normal ROM

☐	Tenderness noted on palpation over ☐ R ☐ L temporomandibular joint(s)
☐	Clicking noted with movement of ☐ R ☐ L temporomandibular joint(s)
☐	Deviation noted with mouth opening on ☐ R ☐ L
☐	Patient is not able to ☐ open ☐ close the mouth fully
☐	Marked trismus noted

Chest ☐ No evidence of trauma

☐ Tender	☐ Scar
☐ Rash	☐ Abrasion
☐ Bruises	☐ Larceration

Spine Exam

Palpation ☐ W N L ☐ Tenderness (T) ☐ Spasm(S)

Cervical Spine Pain Scale ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10

SP C2 C3 C4 C5 C6 C7	R	L
Paracervical muscles	T	T
Occipital muscles		
Suboccipital muscles	T	T
Trapezius muscle	T	T
Levator scapulae muscles	T	T
Sternocleidomastoid muscle		

ROM

	R	L
Flex. (50 °)	35°	
Ext. (60°)	40°	
Lat. Flex. (45°)	30°	30°
Rot. (80°)	45°	45°

Thoracic Spine Pain Scale ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10

SP T1 T2 T3 T4 T5 T6 T7 T8 T9 T10 T11 T12	R	L
Paraspinal muscles		
Upper region		
Mid region		
Lower region		
Scapula		

ROM

	R	L
Flex. (50 °)		
Rot. (30°)		

Lumber Spine Pain Scale ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10

SP L1 L2 L3 L4 L5	R	L
Paralumbar muscles	T	T
Sacroiliac joints	+	+
Sciatic notch	+	T
Posterior iliac crest	T	
Gluteal muscles	T	T

ROM

	R	L
Flex. (60 °)	50°	
Ext. (25°)	15°	
Lat. Flex. (25°)	20°	20°

Inspection

	Cervical	Thoracic	Lumbar
Loss of normal curve			
Lordosis			
Kyphosis			
Levoscoliosis			
Dextroscoliosis			
Rash			
Bruises			
Scar			
Abrasions			
Lacerations			
Skin discoloration/altered temperature/edema			
Swelling			
Mass			

Spinal Palpation/Subluxation

L		R
	C0	
	C1	
	C2	
	C3	
	C4	
	C5	
	C6	
	C7	
	T1	
	T2	
	T3	
	T4	
	T5	
	T6	
	T7	
	T8	
	T9	
	T10	
	T11	
	T12	
	L1	
	L2	
	L3	
	L4	
	L5	
	S1	
	Co	

Orthopedic Tests

	L	R
Soto-Hall		
Foraminal Compression		
Shoulder Depression		
Shoulder Abduction		
Hyper abduction (Wright's)		
Adson's		
Lhermitte's		
Right Straight Leg Raising		
Left Straight Leg Raising		
Hamstring Tension Test		
Femoral Nerve Tension		
Kemp's		
Braggard's		
Heel Walking (L5)		
Toe Walking (S1)		
Axial Trunk-Loading Test		
Dekleyn's Test		
Ely's Test		
Yeoman's Test		

Upper Extremities

Palpation ☐ W N L ☐ Tenderness (T) ☐ Spasm (S)

Shoulder Pain Scale ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10

	R	L
Clavicle		
Biceps muscle		
Biceps tendon groove		
Deltoid muscle		
Rotator cuff muscles		
Acromion process		
AC joint		
Pectoralis muscles		

ROM

	R	L
Flex. (180 °)		
Ext. (50°)		
Int. Rot. (90°)		
Ext. Rot. (90°)		
Abd. (180°)		
Add. (50°)		

Motor Strength

	R	L
Shoulder		
Flexion		
Abduction		
Extension		
Adduction		
Internal Rot.		
External Rot.		
Elbow		
Flexion		
Extension		
Wrist		
Wrist extensors (C6)		
Wrist flexors (C7)		
Supination		
Pronation		
Ulnar Deviation		
Radial Deviation		
Hand		
Finger Extensors (C7)		
Finger flexors (C8)		
Finger abduction (T1)		
Grip/Jamar measurement		

Elbow/Forearm Pain Scale ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10

	R	L
Anteriorly		
Posteriorly		
Laterally		
Medially		

ROM

	R	L
Flex. (140 °)		
Ext. (0°)		
Supination (80°)		
Pronation (80°)		

Wrist/Hand Pain Scale ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10

	R	L
Dorsal aspect		
Palmar aspect		
Ulnar aspect		
Radial aspect		

ROM

Flex. (60°)		
Ext. (60°)		
Ulnar Dev. (30°)		
Rad. Dev. (20°)		

Fingers ROM

	R	L
Flex. (90° MP)		
Flex. (100° PIP)		
Flex. (70° DIP)		
Ext. (0° MP) or		
Ext. (0° PIP)		
Ext. (0° DIP)		

Thumb ROM

	R	L
ADD (0 cm)		
OPP (8 cm)		
ABD (50°)		
Flex. (60° MP)		
Flex. (80° IP)		
Ext. (0° MP)		
Ext. (0° IP)		

Sensory Loss

	R	L
Anterolat. shoulder and arm		
Lateral forearm and hand		
Middle finger		
Medial forearm and hand		
Ring and little fingers		
Medial forearm		
Biceps (C5)		
Triceps (C7)		
Brachioradialis (C6)		

Inspection	**Shoulder**	**Elbow**	**Wrist/Hand**
Mascular Atrophy			
Amputation			
Rash			
Bruises / Abrasions			
Scar			
Deformity			
Lacerations			
Skin discoloration/altered temperature/edema			
Swelling			
Mass			

Upper Extremities

Orthopedic Test

Shoulder	R N	R P	L N	L P
Neer Impingement				
Codman's Arm Drop				
Supraspinatus				
Yeargason's (bic. tenosyn.)				
Apprehension				
Elbow				
Lateral stability				
Medial Stability				
Elbow (lat. epicondylitis)				
Golfer's Elbow (med. epicondylitis)				
Tinel's				
Wrist				
Tinel's (per. neuropathy)				
Phalen's				
Finkelstein's				

Lower Extremities

Palpation ☐ W N L ☐ Tenderness (T) ☐ Spasm (S)

Pelvis Pain Scale ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

	R	L
Anterior Superior Iliac Spine		
Posterior Superior Iliac Spine		
Sacroiliac Joint		
Iliac Crest		
Ischial Tuberosity		
Symphysis Pubis		
Sacrum/coccyx		

Hips and Thighs Pain Scale ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

	R	L
Anteriorly		
Posteriorly		
Laterally		
Medially		

ROM

	R	L
Flex. (120 °)		
Ext. (30°)		
Int. Rot. (40°)		
Ext. Rot. (50°)		
Abduction (40°)		
Adduction (20°)		

Knee(s)/Lower Legs Pain Scale ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

	R	L
Patella		
Tibial Tubercle		
Patellar Tendon		
Lateral Joint Line		
Lateral Femoral Condyle		
Lateral Tibial Condyle		
Medial Joint Line		
Medial Femoral Condyle		
Medial Tibial Condyle		
Proximal Calf Muscles		

ROM

	R	L
Flex. (150°)		
Ext. (0°)		

Ankle(s) Pain Scale ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

	R	L
Anteriorly		
Posteriorly		
Laterally		
Medially		

ROM

	R	L
Dorsal Flex. (20°)		
Plantar Bxt. (40°)		
Inversion (30°)		
Eversion (20°)		

Foot/Feet Pain Scale ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

	R	L
Plantar		
Dorsal		
Medial		
Lateral		

Motor Strength

	R	L
Hip		
Flexors		
Abductors		
Extensors		
Adduction		
Internal Rot.		
External Rot.		
Knee		
Flexors		
Extensors		
Ankle/Foot		
Flexors		
Extensors		
Inverters		
Everters		
Great Toe		
Flexors		
Extensors		

Sensory Loss

	R	L
Anterolat. thigh		
Anterior knee		
Med. leg and foot		
Lat. thigh		
Anterolat. leg		
Middors. foot		
Posterior leg		
Lateral foot		

Orthopedic Test	R N	R P	L N	L P
Pelvis				
Iliac Compression				
Gaenslen's (SI joint disease)				
Hibb's (SI joint disease)				
Yeoman's (ant. SI ligament)				
Hip				
Patrick (FABERE)				
Trendelenburg's				
Knee				
Patellar Apprehension				
Patellar Femoral Grind				
Anterior Drawer				
Posterior Drawer				
Lachman's Test				
McMurray Test				
Valgus Stress Test				
Varus Stress Test				
Ankle				
Tinel's Sign at the Ankle				
Anterior Drawer				
Thompson's Test				
Talar Tilt Test (inversion)				
Talar Tilt Test (eversion)				
Homan's Sign				

Pending Dx/Consults from PTP

Comments

Inspection	Pelvis	Hips and Thighs	Knees/Lower Legs	Ankles	Foot/Feet
Loss of normal curve					
Levoscoliosis					
Dextroscoliosis					
Rash					
Bruises / Abrasions					
Scar					
Deformity					
Lacerations					
Skin discolor./altered temperature/edema					
Swelling					
Mass					

Progress Summary

Body Part 1 C/S **Last Visit** **Today** Fu

Pain	0 1 2 3 4 5 6 7 8 9 10	0 1 2 3 4 5 6 7 8 9 10	☐ No change
Strength	0 1 2 3 4 5	0 1 2 3 4 5 4+	☐ No change
Tenderness	0 1 2 3 4	0 1 2 3 4	☐ No change
Spasm	0 1 1+ 2 3 4	0 1 1+ 2 3 4	☐ No change
ROM	10 20 30 40 50 60 70 80 90 100 %	improvement since last visit 5	☐ No change
Gait	10 20 30 40 50 60 70 80 90 100 %	improvement since last visit	☐ No change
Posture	10 20 30 40 50 60 70 80 90 100 %	improvement since last visit 10	☐ No change
Endurance	10 20 30 40 50 60 70 80 90 100 %	improvement since last visit 10	☐ No change
Function	10 20 30 40 50 60 70 80 90 100 %	improvement since last visit 10	☐ No change
ADL's	10 20 30 40 50 60 70 80 90 100 %	improvement since last visit 10	☐ No change
Flexibility	10 20 30 40 50 60 70 80 90 100 %	improvement since last visit 10	☐ No change

Body Part 2 C/S Fu

Pain	0 1 2 3 4 5 6 7 8 9 10	0 1 2 3 4 5 6 7 8 9 10	☐ No change
Strength	0 1 2 3 4 5	0 1 2 3 4 5 4+	☐ No change
Tenderness	0 1 2 3 4	0 1 2 3 4	☐ No change
Spasm	0 1 1+ 2 3 4	0 1 1+ 2 3 4	☐ No change
ROM	10 20 30 40 50 60 70 80 90 100 %	improvement since last visit 5	☐ No change
Gait	10 20 30 40 50 60 70 80 90 100 %	improvement since last visit	☐ No change
Posture	10 20 30 40 50 60 70 80 90 100 %	improvement since last visit 10	☐ No change
Endurance	10 20 30 40 50 60 70 80 90 100 %	improvement since last visit 10	☐ No change
Function	10 20 30 40 50 60 70 80 90 100 %	improvement since last visit 10	☐ No change
ADL's	10 20 30 40 50 60 70 80 90 100 %	improvement since last visit 10	☐ No change
Flexibility	10 20 30 40 50 60 70 80 90 100 %	improvement since last visit 10	☐ No change

Rehabilitation Goals

☐ Decrease pain	☐ Decrease tenderness	☐ Increase Range of Motion	☐ Improve posture	☐ Improve function ☐ Improve ADL's
☐ Increase strength	☐ Decrease spasm	☐ Improve Gait	☐ Increase Flexibility	☐ Increase Endurance

Comments

☐ Home Exercise Program is for ☐ 30 min. ☐ 1 hour ☐ 1.5 hours ☐ 2 hours
☐ Home Exercise Program was reviewed with the patient.
☑ The patient states that therapy ☑ is ☐ is not helping.
☑ The patient has overall improved in the following body parts:
☑ Neck ☐ 10% ☐ 20% ☐ 30% ☐ 40% ☐ 50% ☐ 60% ☐ 70% ☐ 80% ☐ 90%
☐ T/S ☐ 10% ☐ 20% ☐ 30% ☐ 40% ☐ 50% ☐ 60% ☐ 70% ☐ 80% ☐ 90%
☑ L/S ☑ 10% ☐ 20% ☐ 30% ☐ 40% ☐ 50% ☐ 60% ☐ 70% ☐ 80% ☐ 90%
☐ Shoulder ☐ 10% ☐ 20% ☐ 30% ☐ 40% ☐ 50% ☐ 60% ☐ 70% ☐ 80% ☐ 90%
☐ Elbow ☐ 10% ☐ 20% ☐ 30% ☐ 40% ☐ 50% ☐ 60% ☐ 70% ☐ 80% ☐ 90%
☐ Wrist/Hand ☐ 10% ☐ 20% ☐ 30% ☐ 40% ☐ 50% ☐ 60% ☐ 70% ☐ 80% ☐ 90%
☐ Hip/Leg ☐ 10% ☐ 20% ☐ 30% ☐ 40% ☐ 50% ☐ 60% ☐ 70% ☐ 80% ☐ 90%
☐ Knee ☐ 10% ☐ 20% ☐ 30% ☐ 40% ☐ 50% ☐ 60% ☐ 70% ☐ 80% ☐ 90%
☑ Ankle/Foot ☐ 10% ☐ 20% ☐ 30% ☐ 40% ☐ 50% ☐ 60% ☐ 70% ☐ 80% ☐ 90%
☐ Short term goal ☐ met ☑ not met.
☐ Long term goal ☐ met ☑ not met.

10% 10%

Treatment Plan (RPT) Patient's Name Santillan, Maria Acc. # 7343 Date: _____

BODY PART 1: C/S Therapy Time: _____

Procedures/Exercises

- ☐ Home Exercise Program
- ☐ Therapeutic Activities
- ☐ Neuromuscular Re-Education
- ☐ Therapeutic Exercise (stretching/flexibility/ROM)
- ☑ Manual therapy (Joint Mobilization /Manual Traction)
- ☐ Massage Therapy
- ☐ Gait Training
- ☐ _____

Modalities

- ☐ Iontophoresis (see below)
- ☐ Vasopneumatic Device (see below)
- ☑ Electrical Stimulation (see below)
- ☐ Contrast baths (see below)
- ☐ Ultrasound (see below)
- ☐ Paraffin Bath
- ☐ Infrared (see below)
- ☐ Cold Pack (see below)
- ☐ Hot Pack (see below)
- ☐ TENS(transcutaneous neurostimulator)

BODY PART2: U/S Therapy Time: _____

- ☐ Home Exercise Program
- ☐ Therapeutic Activities
- ☐ Neuromuscular Re-Education
- ☑ Therapeutic Exercise (stretching/flexibility/ROM)
- ☐ Manual therapy (Joint Mobilization /Manual Traction)
- ☐ Massage Therapy
- ☐ Gait Training
- ☐ _____

- ☐ Iontophoresis (see below)
- ☐ Vasopneumatic Device (see below)
- ☐ Electrical Stimulation (see below)
- ☐ Contrast baths (see below)
- ☐ Ultrasound (see below)
- ☐ Paraffin Bath
- ☐ Infrared (see below)
- ☐ Cold Pack (see below)
- ☐ Hot Pack (see below)
- ☑ TENS(transcutaneous neurostimulator)

Modalities	Type/Medication	Time	Frequency	Intensity
Ultrasound	☐ Pulse ☐ Continuous ☐ Under water			
Iontophoresis	☐ Dexametasone ☐ Lidocaine ☐ Salicylate			

Modalities	Time	Frequency	Intensity
Electrical Stimulation	15'	3x4	30 Hz
Infrared			
Contrast baths			
Vasopneumatic			
Hot Pack			
Cold Pack			

Preventive Medicine	15mins	30mins	45mins
Injury Prevention Reduction	✓		
Diet and Exercise Counseling			
Diagnostic Test Results/Progress Report			

Frequency: 3 X 4 **week**

COMMENTS: _____

_____

_____

Neck

	Repetitions	Frequency	Duration
Upper Trapezius Stretch	how many 7 time	3 x/week	wksx 4
Levetor Scapulae Stretch	how many 4 time	3 x/week	wksx 4
Corner Stretch	how many ____ time	___x/week	wksx____
Chest/Bicep Stretch	how many ____ time	___x/week	wksx____
Flexibility: Neck Stretch	how many 7 time	3 x/week	wksx 4
Lower Cervical/ Upper Thoracic Stretch	how many ____ time	___x/week	wksx____
C/S Strengthening	how many 7 time	3 x/week	wksx 4
Active ROM	how many 7 time	3 x/week	wksx 4

Shoulder

	Repetitions	Frequency	Duration
Pendulum/Codman Exers.	how many ____ weight ____ time	___x/week	wksx____
Wall Climb	how many ____ time	___x/week	wksx____
Sh. Pulley	how many ____ time	___x/week	wksx____
Upper Bike	level ____ time	___x/week	wksx____
Active ROM	how many ____ time	___x/week	wksx____
Passive ROM	how many ____ time	___x/week	wksx____
Wand Exercises ☐1 ☐2 ☐3 ☐4 ☐5	how many ____ time	___x/week	wksx____
Shoulder Press	how many ____ weight ____ time	___x/week	wksx____
Active Progressive Resistive Exercises	how many ____ weight ____ time	___x/week	wksx____
Pectoral S-Corner/ doorway	how many ____ time	___x/week	wksx____
Rotator Cuff Self Traction	how many ____ time	___x/week	wksx____
Shoulder Ext.Rot. Sitting/ Standing ☐ Yellow ☐ Red ☐ Green ☐ Blue ☐ Black	how many ____ weight ____ theraband ____	___x/week	wksx____
Shoulder Int.Rot. Sitting/ Standing ☐ Yellow ☐ Red ☐ Green ☐ Blue ☐ Black	how many ____ weight ____ theraband ____	___x/week	wksx____
90/90 Rot. Cuff Supine/ Standing	how many ____ weight ____	___x/week	wksx____
Shrugs - Dumbells	how many ____ weight ____	___x/week	wksx____
Lateral Raises	how many ____ weight ____	___x/week	wksx____
Supra spinatus strengthening	how many ____ weight ____	___x/week	wksx____
Infra spinatus strengthening	how many ____ weight ____	___x/week	wksx____

T/S, L/S (Upper/Midback, Low Back)

	Repetitions	Frequency	Duration
Core Strengthening Exercises	how many 4 time	3 x/week	wksx 4
Pelvic Stabilization	how many 4 time	2 x/week	wksx 4
Ball Exercises	how many ____ time	___x/week	wksx____
Silver Theraband Stretch of Hamstring, IT Band, adductores	how many ____ time	___x/week	wksx____
Williams Flex Exercises	how many 7 time	3 x/week	wksx 4
Single Knee to Chest			
Double Knee to Chest	how many 3 time	3 x/week	wksx 4
Pelvic Tilt	how many 7 time	3 x/week	wksx 4
Curl-up ☐ Partial ☐ Half ☐ Full	how many 4 time	3 x/week	wksx 4
Lumbar Rotation	how many ____ time	___x/week	wksx____
Unilateral Hip Extension with Support	how many ____ time	___x/week	wksx____
Hamstring Stretch	how many 4 time	3 x/week	wksx 4
Quadriceps Stretch	how many ____ time	___x/week	wksx____
Piriformis Stretch	how many 4 time	3 x/week	wksx 4
Adductors Stretch	how many ____ time	___x/week	wksx____
Squat	how many ____ weight ____ time	___x/week	wksx____
Hip Flexor Stretch	how many 4 time	3 x/week	wksx 4
McKenzie Exercises	how many 4 time	3 x/week	wksx 4
Prone on Elbows	how many 4 time	3 x/week	wksx 4
Prone Press-ups	how many ____ time	___x/week	wksx____
Progressive Extension with Pillows	how many ____ time	___x/week	wksx____
Standing Extension	how many ____ time	___x/week	wksx____
One Leg Opposite Arm Ext.	how many ____ time	___x/week	wksx____
Leg Extension at Prone Pos.	how many ____ time	___x/week	wksx____

Continued on the next page

Elbow

	Repetitions	Frequency	Duration
Active ROM	how many ____ time ____	____x/week	wksx____
Passive ROM	how many ____ time ____	____x/week	wksx____
Progressive Strengthening	how many ____ weight ____ time	____x/week	wksx____
Curls	how many ____ time ____	____x/week	wksx____
Tricep Pressing	how many ____ weight ____ time	____x/week	wksx____
Dynamic Power Flexor	how many ____ weight ____ time	____x/week	wksx____
Ball Exercises with soft weights (yellow or red)	how many ____ weight ____ time	____x/week	wksx____

Continued from the previous page				
Bilateral Front Raise	☐ Yellow ☐ Red ☐ Green ☐ Blue ☐ Black	how many ____ weight ____ theraband ____	____x/week	wksx____
Lateral Raise	☐ Yellow ☐ Red ☐ Green ☐ Blue ☐ Black	how many ____ weight ____ theraband ____	____x/week	wksx____
Squat and Row	☐ Yellow ☐ Red ☐ Green ☐ Blue ☐ Black	how many ____ weight ____ theraband ____	____x/week	wksx____
Reverse Flies	☐ Yellow ☐ Red ☐ Green ☐ Blue ☐ Black	how many ____ weight ____ theraband ____	____x/week	wksx____

Wrist/Hand

	Repetitions	Frequency	Duration
Active ROM	how many ____ time ____	____x/week	wksx____
Passive ROM	how many ____ time ____	____x/week	wksx____
Web Ex. ☐ Yellow ☐ Red ☐ Blue ☐ Black	how many ____ time ____	____x/week	wksx____
Putty Ex. ☐ Yellow ☐ Red ☐ Orange ☐ Blue ☐ Black	how many ____ time ____	____x/week	wksx____
Progressive Resistive Ex.	how many ____ weight ____ time	____x/week	wksx____
Wrist Curls	how many ____ weight ____ time	____x/week	wksx____
Reverse Curls/Wrist	how many ____ weight ____ time	____x/week	wksx____
Hammer Curls/Wrist	how many ____ weight ____ time	____x/week	wksx____
Supine/Pronation	how many ____ weight ____ time	____x/week	wksx____

	Repetitions	Frequency	Duration
Wrist Flexor Stregth	how many ____ weight ____ time	____x/week	wksx____
Wrist Extensor Stregth	how many ____ weight ____ time	____x/week	wksx____
Wrist Flexor Stretch	how many ____ time ____	____x/week	wksx____
Wrist Extension Stretch	how many ____ time ____	____x/week	wksx____
Theraflex Rod ☐ Green ☐ Red	how many ____ time ____	____x/week	wksx____
Finger Pull/ DigiFlex ☐ Yellow ☐ Red ☐ Green ☐ Blue	how many ____ time ____	____x/week	wksx____
Dynamic Power Flexor	how many ____ time ____	____x/week	wksx____
E-Z Exercise Board	how many ____ time ____	____x/week	wksx____
Small Ball Exercises ☐ Yellow ☐ Red ☐ Green ☐ Blue	how many ____ time ____	____x/week	wksx____
Soft Weights ☐ Yellow ☐ Red	how many ____ time ____	____x/week	wksx____

Hip/Leg

	Repetitions	Frequency	Duration
SLR	how many ____ weight ____ time	____x/week	wksx____
Hip Abduction Side Lying or Standing Position	how many ____ weight ____ time	____x/week	wksx____
Hip Adduction Supine and Standing Position	how many ____ weight ____ time	____x/week	wksx____
Extension Prone and Standing Position	how many ____ weight ____ time	____x/week	wksx____
Squatting with Exercise Ball	how many ____ ____ time	____x/week	wksx____
Standing Hamstring Stretch	how many ____ time	____x/week	wksx____
SideLying Hip Flexors Stretch	how many ____ time	____x/week	wksx____
Psoas/Piriformis Stretch	how many ____ time	____x/week	wksx____
Lunges-Dumbells	how many ____ weight ____ time	____x/week	wksx____
Wall Slides	how many ____ time	____x/week	wksx____

Ankle

	Repetitions	Frequency	Duration
Active ROM	how many ____ time	____x/week	wksx____
Passive ROM	how many ____ time	____x/week	wksx____
Theraband Exercises ☐ Yellow ☐ Red ☐ Green ☐ Blue ☐ Black	how many ____ ____ time ____	____x/week	wksx____
Stretches	how many ____ time	____x/week	wksx____
Ankle Alphabet	how many ____ time	____x/week	wksx____
Tilt Board	how many ____ time	____x/week	wksx____
Feet-Planter Fasciatis	how many ____ time	____x/week	wksx____
Isometric Exercises	how many ____ time	____x/week	wksx____
Balance Exercises	how many ____ time	____x/week	wksx____
Heel Raises	how many ____ time	____x/week	wksx____
Dynamic Disc	how many ____ time	____x/week	wksx____
Pro-Stretch	how many ____ time	____x/week	wksx____
Stability Trainer	how many ____ time	____x/week	wksx____
Theraflex Rod (Blue)	how many ____ time	____x/week	wksx____
Stretching and Stregthening Exercises with Silver Theraband	how many ____ time	____x/week	wksx____
Ball Exercises	how many ____ time	____x/week	wksx____

Knee

	Repetitions	Frequency	Duration
Active ROM	how many ____ time	____x/week	wksx____
Passive ROM	how many ____ time	____x/week	wksx____
Active Progressive Resistive Exercise with Machine	how many ____ weight ____ time	____x/week	wksx____
Progressive Resistive Exercise	how many ____ weight ____ time	____x/week	wksx____
Quad Isometric Exercise	how many ____ time	____x/week	wksx____
Hamstring Isometric Exercise	how many ____ ____ time	____x/week	wksx____
Vastus Medialis Resistive Exercise	how many ____ weight ____ time	____x/week	wksx____
SLR	how many ____ weight ____ time	____x/week	wksx____
SLR without wights	how many ____ ____ time	____x/week	wksx____
Short Arc Quad with Weights	how many ____ weight ____ time	____x/week	wksx____
Short Arc Quad without Weights	how many ____ time	____x/week	wksx____
Wall Slides	how many ____ time	____x/week	wksx____
Ball Exercises	how many ____ time	____x/week	wksx____

Overall Exercises

	Repetitions	Frequency	Duration
Cardio Walking	time	____x/week	wksx____
Stretches	how many____	____x/week	wksx____
Walking: Fwd/Rev/Lat	time	____x/week	wksx____
March	time	____x/week	wksx____

Bicycle/Treadmill

	Repetitions	Frequency	Duration
Bicycle	level ____ time	____x/week	wksx____
Treadmill	level ____ time	____x/week	wksx____

Body Parts Exercises - Page 4

Patient's Name_____ Acc. #_____

Upper Extremity

	Set/Repetitions	Frequency	Duration
Chest Press/Row	set ____ rep.	___x/week	wksx___
Chest Fly/Back	set ____ rep.	___x/week	wksx___
One Arm Row/Press	set ____ rep.	___x/week	wksx___
Triceps Ext./Biceps Curl	set ____ rep.	___x/week	wksx___
Int./Ext. Rotation	set ____ rep.	___x/week	wksx___
Arm Circles	set ____ rep.	___x/week	wksx___
Upright Row/Lats	set ____ rep.	___x/week	wksx___
Lateral Deltoid Raise/Lats	set ____ rep.	___x/week	wksx___
Anter. Deltoid Raise/Lats	set ____ rep.	___x/week	wksx___
Shoulder Shrugs	set ____ rep.	___x/week	wksx___
	set ____ rep.	___x/week	wksx___
	set ____ rep.	___x/week	wksx___

Lower Extremity

	Repetitions	Frequency	Duration
Squats	set ____ rep.	___x/week	wksx___
Lunges	set ____ rep.	___x/week	wksx___
Hip Flexion/Extension	set ____ rep.	___x/week	wksx___
Hip Abduction/Addoction	set ____ rep.	___x/week	wksx___
Knee Flexion/Extension	set ____ rep.	___x/week	wksx___
Standing Leg Lifts	set ____ rep.	___x/week	wksx___
Lat./Ant. Step Ups	set ____ rep.	___x/week	wksx___
Plantar/Dorsiflexion	set ____ rep.	___x/week	wksx___
One Leg Balance	set ____ rep.	___x/week	wksx___

RPT Name: JNA HOCUTT, RPT License # PT 5300 Signature _____

☒ Visit was performed with the aid of a Qualified Interpreter.

Name of interpreter Lucia Contreras Company: Accurate Interpreting

Signature _____

Patient Signature _____

Maciej Majzel, D.C., QME
Chiropractic corporation

[ ] Physical Therapy Initial Evaluation Report
[X] Physical Therapy Re-Evaluation Report

Account # 7343
Date of Injury: CT 1/1/12 - 4/8/14
Date of Examination: 8/15/16
Patient's Name: Santillan Maria Gender: ☐ M ☑ F DOB: 3/26/67 SSN: _____
Dominant Hand: ☒ R ☐ L
Referring Physician: Gendelman Contra Indications _____
History: The patient was involved in a ☒ workers' comp ☐ personal injury/accident on _____
sustaining injury(ies) to CLS LS
The patient was evaluated by Dr. Gendelman and referred to Physical Therapist for evaluation and treatment as necessary.

PTP Diagnosis:

1.		10.	
2.	CLS S/S	11.	
3.		12.	
4.	LS S/S	13.	
5.		14.	
6.		15.	
7.		16.	
8.		17.	
9.		18.	

3x4

Subjective Complaints

☐ **Head**					
☐ Pain	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☑ **C-Spine**					
☐ Stiffness		☐ no 7/10	☐ yes		
☑ Pain	☐ no	☑ yes	☐ slight	☑ moderate	☑ severe
☐ R Upper Extremity	☐ no	☑ yes	☑ slight	☐ moderate	☐ severe
☑ L Upper Extremity	☐ no	☑ yes	☑ slight	☐ moderate	☐ severe
☑ Tingling	☐ no	☑ yes	☑ slight	☐ moderate	☐ severe
☐ R Upper Extremity	☐ no	☑ yes	☑ slight	☐ moderate	☐ severe
☐ L Upper Extremity	☐ no	☑ yes	☑ slight	☐ moderate	☐ severe
☑ Numbness	☐ no	☑ yes	☑ slight	☐ moderate	☐ severe
☑ R Upper Extremity	☐ no	☑ yes	☑ slight	☐ moderate	☐ severe
☑ L Upper Extremity	☐ no	☑ yes	☐ slight	☐ moderate	☐ severe
☑ Weakness	☐ no	☑ yes			
☐ R Upper Extremity	☐ no	☑ yes	☐ slight	☐ moderate	☐ severe
☑ L Upper Extremity	☐ no	☑ yes	☑ slight	☐ moderate	☐ severe
☐ **T-Spine**					
☐ Pain	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Tingling	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Numbness	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Stiffness	☐ no	☐ yes			

Patient's Name _____ Acc. # _____

☐ L-Spine

☐ Pain	☐ no	☑ yes	☐ slight	☐ moderate	☐ severe
☐ R Lower Extremity	☐ no	☑ yes	☐ slight	☐ moderate	☐ severe
☐ L Lower Extremity	☐ no	☑ yes	☐ slight	☐ moderate	☐ severe
☐ Tingling	☐ no	☑ yes	☐ slight	☐ moderate	☐ severe
☐ R Lower Extremity	☐ no	☑ yes	☐ slight	☐ moderate	☐ severe
☐ L Lower Extremity	☐ no	☑ yes	☐ slight	☐ moderate	☐ severe
☐ Numbness	☐ no	☑ yes	☐ slight	☐ moderate	☐ severe
☐ R Lower Extremity	☐ no	☑ yes	☑ slight	☐ moderate	☐ severe
☐ L Lower Extremity	☐ no	☑ yes	☑ slight	☐ moderate	☐ severe
☐ Weakness	☐ no	☑ yes			
☐ Stiffness	☐ no	☑ yes			

7110

☐ Chest/Abdomen

☐ Pain	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe

☐ R Shoulder

☐ Pain	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Tingling	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Numbness	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Weakness	☐ no	☐ yes			
☐ Stiffness	☐ no	☐ yes			

☐ L Shoulder

☐ Pain	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Tingling	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Numbness	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Weakness	☐ no	☐ yes			
☐ Stiffness	☐ no	☐ yes			

☐ R Arm

☐ Pain	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Tingling	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Numbness	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Weakness	☐ no	☐ yes			
☐ Stiffness	☐ no	☐ yes			

☐ L Arm

☐ Pain	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Tingling	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Numbness	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Weakness	☐ no	☐ yes			
☐ Stiffness	☐ no	☐ yes			

☐ R Elbow

☐ Pain	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Tingling	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Numbness	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Weakness	☐ no	☐ yes			
☐ Stiffness	☐ no	☐ yes			

☐ L Elbow

☐ Pain	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Tingling	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Numbness	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Weakness	☐ no	☐ yes			
☐ Stiffness	☐ no	☐ yes			

☐ R Forearm

☐ Pain	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Tingling	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Numbness	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Weakness	☐ no	☐ yes			
☐ Stiffness	☐ no	☐ yes			

☐ **L Forearm**

☐ Pain	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Tingling	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Numbness	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Weakness	☐ no	☐ yes			
☐ Stiffness	☐ no	☐ yes			

☐ **R Wrist**

☐ Pain	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Tingling	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Numbness	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Weakness	☐ no	☐ yes			
☐ Stiffness	☐ no	☐ yes			

☐ **L Wrist**

☐ Pain	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Tingling	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Numbness	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Weakness	☐ no	☐ yes			
☐ Stiffness	☐ no	☐ yes			

☐ **R Hand**

☐ Pain	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Tingling	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Numbness	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Weakness	☐ no	☐ yes			
☐ Stiffness	☐ no	☐ yes			

☐ **L Hand**

☐ Pain	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Tingling	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Numbness	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Weakness	☐ no	☐ yes			
☐ Stiffness	☐ no	☐ yes			

☐ **R Hip**

☐ Pain	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Tingling	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Numbness	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Weakness	☐ no	☐ yes			
☐ Stiffness	☐ no	☐ yes			

☐ **L Hip**

☐ Pain	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Tingling	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Numbness	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Weakness	☐ no	☐ yes			
☐ Stiffness	☐ no	☐ yes			

☐ **R Thigh**

☐ Pain	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Tingling	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Numbness	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Weakness	☐ no	☐ yes			

☐ **L Thigh**

☐ Pain	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Tingling	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Numbness	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Weakness	☐ no	☐ yes			

☐ **R Knee**

☐ Pain	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Tingling	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Numbness	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Weakness	☐ no	☐ yes			
☐ Stiffness	☐ no	☐ yes			

☐ **L Knee**

☐ Pain	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Tingling	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Numbness	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Weakness	☐ no	☐ yes			
☐ Stiffness	☐ no	☐ yes			

☐ **R Lower Leg**

☐ Pain	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Tingling	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Numbness	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Weakness	☐ no	☐ yes			
☐ Stiffness	☐ no	☐ yes			

☐ **L Lower Leg**

☐ Pain	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Tingling	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Numbness	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Weakness	☐ no	☐ yes			
☐ Stiffness	☐ no	☐ yes			

☐ **R Ankle**

☐ Pain	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Tingling	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Numbness	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Weakness	☐ no	☐ yes			
☐ Stiffness	☐ no	☐ yes			

☐ **L Ankle**

☐ Pain	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Tingling	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Numbness	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Weakness	☐ no	☐ yes			
☐ Stiffness	☐ no	☐ yes			

☐ **R Foot**

☐ Pain	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Tingling	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Numbness	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Weakness	☐ no	☐ yes			
☐ Stiffness	☐ no	☐ yes			

☐ **L Foot**

☐ Pain	☐ no	☐ yes	☐ slight	☐ moderate	☒ severe
☐ Tingling	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Numbness	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Weakness	☐ no	☐ yes			
☐ Stiffness	☐ no	☐ yes			

Medical History

☐ Diabetes	☐ Hypertension	☐ Cancer	☐ Epilepsy	☐ Arthritis	☐ Coronary Artery Disease
☐ Pregnant	☐ Hepatitis	☐ Skin Irritation	☐ Heart Desease	☐ Lung Disease	☐ Kidney Disease
☐ Meningitis	☐ Rheumatoid Arthritis		☒ Unremarkable	☐ _____	☐ _____

Surgical History

☐ Pacemaker	☐ Post Surgery Oknee	☐ Metal Implant	☒ Abdomnal Inguinal Herniorhaphy	☐ Shoulder Surgery	☐ Elbow Surgery
☐ Spinal Surgery	☒ Knee Surgery	☐ Wrist Surgery	☐ Appendectomy	☐ Unremarkable	☐ _____

Family History

☐ Diabetes	☐ Hypertension	☐ Cancer	☐ Epilepsy	☐ Heart Desease	☐ Cor Art Disease
☐ Lung Disease	☐ Kidney Disease	☐ _____	☐ _____	☐ _____	☐ _____

Mental Status

☐ Anxious	☐ Depressed	☐ Tearful	☐ Agitated	☐ Unkempt	☐
☐ Alert and ☐ oriented to ☐ time (day/month/year), ☐ place, ☐ person, ☐ situation.					

Medications

_____

_____

Observations

☐ Patient ambulates without a limp. ☐ Moving into and out of exam room and onto the table without problem.

☐ Patient ambulates with antalgic gait, favoring the ☐ right ☐ left lower extremity. ☐ Slow gait pattern.

☐ Patient requires assistive device ☐ cane ☐ wheelchair ☐ crutches ☐ walker ☐ quad cane ☐ C/S brace ☐ L/S brace ☐ wrist brace ☐ tennis elbow brace ☐ thumb spica ☐ knee sleeve ☐ knee brace ☐ ankle brace ☐ _____

☐ _____ ☐ _____ ☐ _____ ☐ _____ ☐ _____

Functional Limitations

☐ C-Spine

☐ Walking	☐ Standing	☐ Bending	☐ Twisting	☐ Squatting	☐ Kneeling	☐ Stairs
☐ Supine-sit	☐ Sit-stand	☐ Sitting	☐ Lifting	☐ Reaching	☐ Grasping	☐ Driving
☐ Pushing	☐ Pulling	☐ Overhead Activities		☐ _____	☐ _____	☐ _____

☐ T-Spine

☐ Walking	☐ Standing	☐ Bending	☐ Twisting	☐ Squatting	☐ Kneeling	☐ Stairs
☐ Supine-sit	☐ Sit-stand	☐ Sitting	☐ Lifting	☐ Reaching	☐ Grasping	☐ Driving
☐ Pushing	☐ Pulling	☐ Overhead Activities		☐ _____	☐ _____	☐ _____

☐ L-Spine

☐ Walking	☐ Standing	☐ Bending	☐ Twisting	☐ Squatting	☐ Kneeling	☐ Stairs
☐ Supine-sit	☐ Sit-stand	☐ Sitting	☐ Lifting	☐ Reaching	☐ Grasping	☐ Driving
☐ Pushing	☐ Pulling	☐ Overhead Activities		☐ _____	☐ _____	☐ _____

☐ Chest/Abdomen

☐ Walking	☐ Standing	☐ Bending	☐ Twisting	☐ Squatting	☐ Kneeling	☐ Stairs
☐ Supine-sit	☐ Sit-stand	☐ Sitting	☐ Lifting	☐ Reaching		☐ Driving
☐ Pushing	☐ Pulling	☐ Overhead Activities		☐ _____	☐ _____	☐ _____

☐ R Shoulder

☐ Lifting	☐ Reaching	☐ Grasping	☐ Driving			
☐ Pushing	☐ Pulling	☐ Overhead Activities		☐ _____	☐ _____	☐ _____

☐ L Shoulder

☐ Lifting	☐ Reaching	☐ Grasping	☐ Driving			
☐ Pushing	☐ Pulling	☐ Overhead Activities		☐ _____	☐ _____	☐ _____

☐ R Arm

☐ Lifting	☐ Reaching	☐ Grasping	☐ Driving			
☐ Pushing	☐ Pulling	☐ Overhead Activities		☐ _____	☐ _____	☐ _____

☐ **L Arm**
☐ Lifting ☐ Reaching ☐ Grasping ☐ Driving
☐ Pushing ☐ Pulling ☐ Overhead Activities ☐ _____ ☐ _____ ☐ _____

☐ **R Elbow**
☐ Lifting ☐ Reaching ☐ Grasping ☐ Driving
☐ Pushing ☐ Pulling ☐ Overhead Activities ☐ _____ ☐ _____ ☐ _____

☐ **L Elbow**
☐ Lifting ☐ Reaching ☐ Grasping ☐ Driving
☐ Pushing ☐ Pulling ☐ Overhead Activities ☐ _____ ☐ _____ ☐ _____

☐ **R Forearm**
☐ Lifting ☐ Reaching ☐ Grasping ☐ Driving
☐ Pushing ☐ Pulling ☐ Overhead Activities ☐ _____ ☐ _____ ☐ _____

☐ **L Forearm**
☐ Lifting ☐ Reaching ☐ Grasping ☐ Driving
☐ Pushing ☐ Pulling ☐ Overhead Activities ☐ _____ ☐ _____ ☐ _____

☐ **R Wrist**
☐ Lifting ☐ Reaching ☐ Grasping ☐ Driving
☐ Pushing ☐ Pulling ☐ Overhead Activities ☐ _____ ☐ _____ ☐ _____

☐ **L Wrist**
☐ Lifting ☐ Reaching ☐ Grasping ☐ Driving
☐ Pushing ☐ Pulling ☐ Overhead Activities ☐ _____ ☐ _____ ☐ _____

☐ **R Hand**
☐ Lifting ☐ Reaching ☐ Grasping ☐ Driving
☐ Pushing ☐ Pulling ☐ Overhead Activities ☐ _____ ☐ _____ ☐ _____

☐ **L Hand**
☐ Lifting ☐ Reaching ☐ Grasping ☐ Driving
☐ Pushing ☐ Pulling ☐ Overhead Activities ☐ _____ ☐ _____ ☐ _____

☐ **R Hip**
☐ Walking ☐ Standing ☐ Bending ☐ Twisting ☐ Squatting ☐ Kneeling ☐ Stairs
☐ Supine-sit ☐ Sit-stand ☐ Sitting ☐ Lifting ☐ Driving ☐ Pushing ☐ Pulling
☐ _____ ☐ _____ ☐ _____

☐ **L Hip**
☐ Walking ☐ Standing ☐ Bending ☐ Twisting ☐ Squatting ☐ Kneeling ☐ Stairs
☐ Supine-sit ☐ Sit-stand ☐ Sitting ☐ Lifting ☐ Driving ☐ Pushing ☐ Pulling
☐ _____ ☐ _____ ☐ _____

☐ **R Thigh**
☐ Walking ☐ Standing ☐ Bending ☐ Twisting ☐ Squatting ☐ Kneeling ☐ Stairs
☐ Supine-sit ☐ Sit-stand ☐ Sitting ☐ Lifting ☐ Driving ☐ Pushing ☐ Pulling
☐ _____ ☐ _____ ☐ _____

☐ **L Thigh**
☐ Walking ☐ Standing ☐ Bending ☐ Twisting ☐ Squatting ☐ Kneeling ☐ Stairs
☐ Supine-sit ☐ Sit-stand ☐ Sitting ☐ Lifting ☐ Driving ☐ Pushing ☐ Pulling
☐ _____ ☐ _____ ☐ _____

☐ **R Knee**
☐ Walking ☐ Standing ☐ Bending ☐ Twisting ☐ Squatting ☐ Kneeling ☐ Stairs
☐ Supine-sit ☐ Sit-stand ☐ Sitting ☐ Lifting ☐ Driving ☐ Pushing ☐ Pulling
☐ _____ ☐ _____ ☐ _____

☐ **L Knee**

☐ Walking	☐ Standing	☐ Bending	☐ Twisting	☐ Squatting	☐ Kneeling	☐ Stairs
☐ Supine-sit	☐ Sit-stand	☐ Sitting	☐ Lifting	☐ Driving	☐ Pushing	☐ Pulling
☐ _____	☐ _____	☐ _____				

☐ **R Lower Leg**

☐ Walking	☐ Standing	☐ Bending	☐ Twisting	☐ Squatting	☐ Kneeling	☐ Stairs
☐ Supine-sit	☐ Sit-stand	☐ Sitting	☐ Lifting	☐ Driving	☐ Pushing	☐ Pulling
☐ _____	☐ _____	☐ _____				

☐ **L Lower Leg**

☐ Walking	☐ Standing	☐ Bending	☐ Twisting	☐ Squatting	☐ Kneeling	☐ Stairs
☐ Supine-sit	☐ Sit-stand	☐ Sitting	☐ Lifting	☐ Driving	☐ Pushing	☐ Pulling
☐ _____	☐ _____	☐ _____				

☐ **R Ankle**

☐ Walking	☐ Standing	☐ Bending	☐ Twisting	☐ Squatting	☐ Kneeling	☐ Stairs
☐ Supine-sit	☐ Sit-stand	☐ Sitting	☐ Lifting	☐ Driving	☐ Pushing	☐ Pulling
☐ _____	☐ _____	☐ _____				

☐ **L Ankle**

☐ Walking	☐ Standing	☐ Bending	☐ Twisting	☐ Squatting	☐ Kneeling	☐ Stairs
☐ Supine-sit	☐ Sit-stand	☐ Sitting	☐ Lifting	☐ Driving	☐ Pushing	☐ Pulling
☐ _____	☐ _____	☐ _____				

☐ **R Foot**

☐ Walking	☐ Standing	☐ Bending	☐ Twisting	☐ Squatting	☐ Kneeling	☐ Stairs
☐ Supine-sit	☐ Sit-stand	☐ Sitting	☐ Lifting	☐ Driving	☐ Pushing	☐ Pulling
☐ _____	☐ _____	☐ _____				

☐ **L Foot**

☐ Walking	☐ Standing	☐ Bending	☐ Twisting	☐ Squatting	☐ Kneeling	☐ Stairs
☐ Supine-sit	☐ Sit-stand	☐ Sitting	☐ Lifting	☐ Driving	☐ Pushing	☐ Pulling
☐ _____	☐ _____	☐ _____				

Head and Face Exam Patient's Name_____ Acc. #_____

Head ☐ Normal contour and shape. No evidence of trauma appreciated.

☐ Tenderness on palpation noted over	R	L	BL
☐ Frontal area			
☐ Temporal area			
☐ Parietal area			
☐ Occipital area			
☐ Scalp muscles diffusely			
☐ Larceration over _____region ☐ Healing ☐ Healed			
☐ Scalp swelling over _____region			

Face ☐ No evidence of trauma

☐ Abrasion(s) _____	☐ Swelling over _____
☐ Larceration(s) _____	☐ Scar(s) _____
☐ Bruise(s) _____	☐ _____

Eye(s) ☐ No evidence of trauma

☐ PERRLA	☐ EOMI	
☐ Redness ☐ OD ☐ OS	☐ Periorbital ecchymosis ☐ OD ☐ OS	
☐ Visual acuity ☐ OD ☐ OS ☐ IU		

Ear(s) ☐ No evidence of trauma

☐ Abrasion	☐ Scar(s)
☐ Larceration	☐ _____

Nose ☐ No evidence of trauma

☐ Swollen	☐ Tender over the nose bridge	☐ Deformity
☐ Deviation	☐ Epistaxis	☐ _____

Mouth ☐ No evidence of trauma

☐ Upper gum ☐ swelling ☐ ecchymosis ☐ abrasion	☐ Lower lip ☐ swelling ☐ scar
☐ Upper lip ☐ swelling ☐ scar	☐ Lower gum ☐ swelling ☐ ecchymosis ☐ abrasion
☐ Mobile/avulsed/chipped tooth # _____	☐ _____

TMJ ☐ Normal ROM

☐	Tenderness noted on palpation over ☐ R ☐ L temporomandibular joint(s)
☐	Clicking noted with movement of ☐ R ☐ L temporomandibular joint(s)
☐	Deviation noted with mouth opening on ☐ R ☐ L
☐	Patient is not able to ☐ open ☐ close the mouth fully
☐	Marked trismus noted

Chest ☐ No evidence of trauma

☐ Tender	☐ Scar
☐ Rash	☐ Abrasion
☐ Bruises	☐ Larceration

Spine Exam

Palpation ☐ W N L ☐ Tenderness (T) ☐ Spasm(S)

Cervical Spine Pain Scale ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10

SP C2 C3 C4 C5 C6 C7	R	L
Paracervical muscles	T	T
Occipital muscles		
Suboccipital muscles	T	T
Trapezius muscle	T	T
Levator scapulae muscles	T	T
Sternocleidomastoid muscle		

ROM

	R	L
Flex. (50 °)	35°	
Ext. (60°)	40°	
Lat. Flex. (45°)	30°	30°
Rot. (80°)	45°	45°

Thoracic Spine Pain Scale ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10

SP T1 T2 T3 T4 T5 T6 T7 T8 T9 T10 T11 T12	R	L
Paraspinal muscles		
Upper region		
Mid region		
Lower region		
Scapula		

ROM

	R	L
Flex. (50 °)		
Rot. (30°)		

Lumber Spine Pain Scale ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10

SP L1 L2 L3 L4 L5	R	L
Paralumbar muscles	T	T
Sacroiliac joints	+	+
Sciatic notch	+	T
Posterior iliac crest	T	
Gluteal muscles	T	T

ROM

	R	L
Flex. (60 °)	50°	
Ext. (25°)	15°	
Lat. Flex. (25°)	20°	20°

Inspection

	Cervical	Thoracic	Lumbar
Loss of normal curve			
Lordosis			
Kyphosis			
Levoscoliosis			
Dextroscoliosis			
Rash			
Bruises			
Scar			
Abrasions			
Lacerations			
Skin discoloration/altered temperature/edema			
Swelling			
Mass			

Spinal Palpation/Subluxation

L		R
	C0	
	C1	
	C2	
	C3	
	C4	
	C5	
	C6	
	C7	
	T1	
	T2	
	T3	
	T4	
	T5	
	T6	
	T7	
	T8	
	T9	
	T10	
	T11	
	T12	
	L1	
	L2	
	L3	
	L4	
	L5	
	S1	
	Co	

Orthopedic Tests

	L	R
Soto Hall		
Foraminal Compression		
Shoulder Depression		
Shoulder Abduction		
Hyper abduction (Wright's)		
Adson's		
Lhermitte's		
Right Straight Leg Raising		
Left Straight Leg Raising		
Hamstring Tension Test		
Femoral Nerve Tension		
Kemp's		
Braggard's		
Heel Walking (L5)		
Toe Walking (S1)		
Axial Trunk-Loading Test		
Dekleyn's Test		
Ely's Test		
Yeoman's Test		

Upper Extremities

Patient's Name _____ Page # _____

Palpation ☐ W N L ☐ **Tenderness (T)** ☐ **Spasm (S)**

Shoulder Pain Scale ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

	R	L
Clavicle		
Biceps muscle		
Biceps tendon groove		
Deltoid muscle		
Rotator cuff muscles		
Acromion process		
AC joint		
Pectoralis muscles		

ROM

	R	L
Flex. (180 °)		
Ext. (50°)		
Int. Rot. (90°)		
Ext. Rot. (90°)		
Abd. (180°)		
Add. (50°)		

Motor Strength

	R	L
Shoulder		
Flexion		
Abduction		
Extension		
Adduction		
Internal Rot.		
External Rot.		
Elbow		
Flexion		
Extension		
Wrist		
Wrist extensors (C6)		
Wrist flexors (C7)		
Supination		
Pronation		
Ulnar Deviation		
Radial Deviation		
Hand		
Finger Extensors (C7)		
Finger flexors (C8)		
Finger abduction (T1)		
Grip/Jamar measurement		

Elbow/Forearm Pain Scale ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

	R	L
Anteriorly		
Posteriorly		
Laterally		
Medially		

ROM

	R	L
Flex. (140 °)		
Ext. (0°)		
Supination (80°)		
Pronation (80°)		

Wrist/Hand Pain Scale ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

	R	L
Dorsal aspect		
Palmar aspect		
Ulnar aspect		
Radial aspect		

ROM

Flex. (60°)		
Ext. (60°)		
Ulnar Dev. (30°)		
Rad. Dev. (20°)		

Fingers ROM

	R	L
Flex. (90° MP)		
Flex. (100° PIP)		
Flex. (70° DIP)		
Ext. (0° MP) or		
Ext. (0° PIP)		
Ext. (0° DIP)		

Thumb ROM

	R	L
ADD (0 cm)		
OPP (8 cm)		
ABD (50°)		
Flex. (60° MP)		
Flex. (80° IP)		
Ext. (0° MP)		
Ext. (0° IP)		

Sensory Loss

	R	L
Anterolat. shoulder and arm		
Lateral forearm and hand		
Middle finger		
Medial forearm and hand		
Ring and little fingers		
Medial forearm		
Biceps (C5)		
Triceps (C7)		
Brachioradialis (C6)		

Inspection	**Shoulder**	**Elbow**	**Wrist/Hand**
Mascular Atrophy			
Amputatiom			
Rash			
Bruises / Abrasions			
Scar			
Deformity			
Lacerations			
Skin discoloration/altered temperature/edema			
Swelling			
Mass			

Patient's Name_____ Acc. #_____

Orthopedic Test

Shoulder	R N	R P	L N	L P
Neer Impingement				
Codman's Arm Drop				
Supraspinatus				
Yeargason's (bic. tenosyn.)				
Apprehension				
Elbow				
Lateral stability				
Medial Stability				
Elbow (lat. epicondylitis)				
Golfer's Elbow (med. epicondylitis)				
Tinel's				
Wrist				
Tinel's (per. neuropathy)				
Phalen's				
Finkelstein's				

Lower Extremities

Palpation ☐ W N L ☐ Tenderness (T) ☐ Spasm (S)

Pelvis Pain Scale ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

	R	L
Anterior Superior Iliac Spine		
Posterior Superior Iliac Spine		
Sacroiliac Joint		
Iliac Crest		
Ischial Tuberosity		
Symphysis Pubis		
Sacrum/coccyx		

Hips and Thighs Pain Scale ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

	R	L
Anteriorly		
Posteriorly		
Laterally		
Medially		

ROM

	R	L
Flex. (120 °)		
Ext. (30°)		
Int. Rot. (40°)		
Ext. Rot. (50°)		
Abduction (40°)		
Adduction (20°)		

Motor Strength

	R	L
Hip		
Flexors		
Abductors		
Extensors		
Adduction		
Internal Rot.		
External Rot.		
Knee		
Flexors		
Extensors		
Ankle/Foot		
Flexors		
Extensors		
Inverters		
Everters		
Great Toe		
Flexors		
Extensors		

Knee(s)/Lower Legs Pain Scale ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

	R	L
Patella		
Tibial Tubercle		
Patellar Tendon		
Lateral Joint Line		
Lateral Femoral Condyle		
Lateral Tibial Condyle		
Medial Joint Line		
Medial Femoral Condyle		
Medial Tibial Condyle		
Proximal Calf Muscles		

ROM

	R	L
Flex. (150°)		
Ext. (0°)		

Ankle(s) Pain Scale ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

	R	L
Anteriorly		
Posteriorly		
Laterally		
Medially		

ROM

	R	L
Dorsal Flex. (20°)		
Plantar Ext. (40°)		
Inversion (30°)		
Eversion (20°)		

Sensory Loss

	R	L
Anterolat. thigh		
Anterior knee		
Med. leg and foot		
Lat. thigh		
Anterolat. leg		
Middors. foot		
Posterior leg		
Lateral foot		

Foot/Feet Pain Scale ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

	R	L
Plantar		
Dorsal		
Medial		
Lateral		

Orthopedic Test	R N	R P	L N	L P
Pelvis				
Iliac Compression				
Gaenslen's (SI joint disease)				
Hibb's (SI joint disease)				
Yeoman's (ant. SI ligament)				
Hip				
Patrick (FABERE)				
Trendelenburg's				
Knee				
Patellar Apprehension				
Patellar Femoral Grind				
Anterior Drawer				
Posterior Drawer				
Lachman's Test				
McMurray Test				
Valgus Stress Test				
Varus Stress Test				
Ankle				
Tinel's Sign at the Ankle				
Anterior Drawer				
Thompson's Test				
Talar Tilt Test (inversion)				
Talar Tilt Test (eversion)				
Homan's Sign				

Pending Dx/Consults from PTP

Comments

Inspection	Pelvis	Hips and Thighs	Knees/Lower Legs	Ankles	Foot/Feet
Loss of normal curve					
Levoscoliosis					
Dextroscoliosis					
Rash					
Bruises / Abrasions					
Scar					
Deformity					
Lacerations					
Skin discolor./altered temperature/edema					
Swelling					
Mass					

Progress Summary

Body Part 1 C/S — Last Visit — Today Fu

	Last Visit	Today	
Pain	0 1 2 3 4 5 6 7 8 9 10	0 1 2 3 4 5 6 7 8 9 10	☐ No change
Strength	0 1 2 3 4 5	0 1 2 3 4 5 4+	☐ No change
Tenderness	0 1 2 3 4	0 1 2 3 4	☐ No change
Spasm	0 1 1+ 2 3 4	0 1 1+ 2 3 4	☐ No change
ROM	10 20 30 40 50 60 70 80 90 100 %	improvement since last visit 5	☐ No change
Gait	10 20 30 40 50 60 70 80 90 100 %	improvement since last visit	☐ No change
Posture	10 20 30 40 50 60 70 80 90 100 %	improvement since last visit 10	☐ No change
Endurance	10 20 30 40 50 60 70 80 90 100 %	improvement since last visit 10	☐ No change
Function	10 20 30 40 50 60 70 80 90 100 %	improvement since last visit 10	☐ No change
ADL's	10 20 30 40 50 60 70 80 90 100 %	improvement since last visit 10	☐ No change
Flexibility	10 20 30 40 50 60 70 80 90 100 %	improvement since last visit 10	☐ No change

Body Part 2 C/S — Fu

	Last Visit	Today	
Pain	0 1 2 3 4 5 6 7 8 9 10	0 1 2 3 4 5 6 7 8 9 10	☐ No change
Strength	0 1 2 3 4 5	0 1 2 3 4 5 4+	☐ No change
Tenderness	0 1 2 3 4	0 1 2 3 4	☐ No change
Spasm	0 1 1+ 2 3 4	0 1 1+ 2 3 4	☐ No change
ROM	10 20 30 40 50 60 70 80 90 100 %	improvement since last visit 5	☐ No change
Gait	10 20 30 40 50 60 70 80 90 100 %	improvement since last visit	☐ No change
Posture	10 20 30 40 50 60 70 80 90 100 %	improvement since last visit 10	☐ No change
Endurance	10 20 30 40 50 60 70 80 90 100 %	improvement since last visit 10	☐ No change
Function	10 20 30 40 50 60 70 80 90 100 %	improvement since last visit 10	☐ No change
ADL's	10 20 30 40 50 60 70 80 90 100 %	improvement since last visit 10	☐ No change
Flexibility	10 20 30 40 50 60 70 80 90 100 %	improvement since last visit 10	☐ No change

Rehabilitation Goals

☐ Decrease pain	☐ Decrease tenderness	☐ Increase Range of Motion	☐ Improve posture	☐ Improve function ☐ Improve ADL's
☐ Increase strength	☐ Decrease spasm	☐ Improve Gait	☐ Increase Flexibility	☐ Increase Endurance

Comments

☐ Home Exercise Program is for ☐ 30 min. ☐ 1 hour ☐ 1.5 hours ☐ 2 hours
☐ Home Exercise Program was reviewed with the patient.
☐ The patient states that therapy ☐ is ☐ is not helping.
☐ The patient has overall improved in the following body parts:
☑ Neck ☐ 10% ☐ 20% ☐ 30% ☐ 40% ☐ 50% ☐ 60% ☐ 70% ☐ 80% ☐ 90%
☐ T/S ☐ 10% ☐ 20% ☐ 30% ☐ 40% ☐ 50% ☐ 60% ☐ 70% ☐ 80% ☐ 90%
☑ L/S ☑ 10% ☐ 20% ☐ 30% ☐ 40% ☐ 50% ☐ 60% ☐ 70% ☐ 80% ☐ 90%
☐ Shoulder ☐ 10% ☐ 20% ☐ 30% ☐ 40% ☐ 50% ☐ 60% ☐ 70% ☐ 80% ☐ 90%
☐ Elbow ☐ 10% ☐ 20% ☐ 30% ☐ 40% ☐ 50% ☐ 60% ☐ 70% ☐ 80% ☐ 90%
☐ Wrist/Hand ☐ 10% ☐ 20% ☐ 30% ☐ 40% ☐ 50% ☐ 60% ☐ 70% ☐ 80% ☐ 90%
☐ Hip/Leg ☐ 10% ☐ 20% ☐ 30% ☐ 40% ☐ 50% ☐ 60% ☐ 70% ☐ 80% ☐ 90%
☐ Knee ☐ 10% ☐ 20% ☐ 30% ☐ 40% ☐ 50% ☐ 60% ☐ 70% ☐ 80% ☐ 90%
☑ Ankle/Foot ☐ 10% ☐ 20% ☐ 30% ☐ 40% ☐ 50% ☐ 60% ☐ 70% ☐ 80% ☐ 90%
☐ Short term goal ☐ met ☑ not met.
☐ Long term goal ☐ met ☑ not met.

100
100

Treatment Plan (RPT) Patient's Name Santillan, Maria **Acc. #** 7343 **Date:** _____

BODY PART 1: C/S **Therapy Time:** _____

Procedures/Exercises

- ☐ Home Exercise Program
- ☐ Therapeutic Activities
- ☐ Neuromuscular Re-Education
- ☐ Therapeutic Exercise (stretching/flexibility/ROM)
- ☑ Manual therapy (Joint Mobilization /Manual Traction)
- ☐ Massage Therapy
- ☐ Gait Training
- ☐ _____

Modalities

- ☐ Iontophoresis **(see below)**
- ☐ Vasopneumatic Device **(see below)**
- ☑ Electrical Stimulation **(see below)**
- ☐ Contrast baths **(see below)**
- ☐ Ultrasound **(see below)**
- ☐ Paraffin Bath
- ☐ Infrared **(see below)**
- ☐ Cold Pack **(see below)**
- ☐ Hot Pack **(see below)**
- ☐ TENS(transcutaneous neurostimulator)

BODY PART2: U/S **Therapy Time:** _____

- ☐ Home Exercise Program
- ☐ Therapeutic Activities
- ☐ Neuromuscular Re-Education
- ☑ Therapeutic Exercise (stretching/flexibility/ROM)
- ☐ Manual therapy (Joint Mobilization /Manual Traction)
- ☐ Massage Therapy
- ☐ Gait Training
- ☐ _____

- ☐ Iontophoresis **(see below)**
- ☐ Vasopneumatic Device **(see below)**
- ☐ Electrical Stimulation **(see below)**
- ☐ Contrast baths **(see below)**
- ☐ Ultrasound **(see below)**
- ☐ Paraffin Bath
- ☐ Infrared **(see below)**
- ☐ Cold Pack **(see below)**
- ☐ Hot Pack **(see below)**
- ☑ TENS(transcutaneous neurostimulator)

Modalities	Type/Medication	Time	Frequency	Intensity
Ultrasound	☐ Pulse ☐ Continuous ☐ Under water			
Iontophoresis	☐ Dexametasone ☐ Lidocaine ☐ Salicylate			

Modalities	Time	Frequency	Intensity
Electrical Stimulation	15'	3x4	30 Hz
Infrared			
Contrast baths			
Vasopneumatic			
Hot Pack			
Cold Pack			

Preventive Medicine	15mins	30mins	45mins
Injury Prevention Reduction	✓		
Diet and Exercise Counseling			
Diagnostic Test Results/Progress Report			

Frequency: 3 **X** 4 **week**

COMMENTS: _____

Neck

	Repetitions	Frequency	Duration
Upper Trapezius Stretch	how many 7 time 7	3 x/week	wksx 4
Levetor Scapulae Stretch	how many 4 time 4	3 x/week	wksx 4
Corner Stretch	how many ____ time ____	___x/week	wksx____
Chest/Bicep Stretch	how many ____ time ____	___x/week	wksx____
Flexibility: Neck Stretch	how many 7 time 7	3 x/week	wksx 4
Lower Cervical/ Upper Thoracic Stretch	how many ____ time ____	___x/week	wksx____
C/S Strengthening	how many 7 time 7	3 x/week	wksx 4
Active ROM	how many 7 time 7	3 x/week	wksx 4

Shoulder

	Repetitions	Frequency	Duration
Pendulum/Codman Exers.	how many ____ weight ____ time ____	___x/week	wksx____
Wall Climb	how many ____ time ____	___x/week	wksx____
Sh. Pulley	how many ____ time ____	___x/week	wksx____
Upper Bike	level ____ time ____	___x/week	wksx____
Active ROM	how many ____ time	___x/week	wksx____
Passive ROM	how many ____ time	___x/week	wksx____
Wand Exercises ☐1 ☐2 ☐3 ☐4 ☐5	how many ____ time	___x/week	wksx____
Shoulder Press	how many ____ weight ____ time	___x/week	wksx____
Active Progressive Resistive Exercises	how many ____ weight ____ time	___x/week	wksx____
Pectoral S-Corner/ doorway	how many ____ time	___x/week	wksx____
Rotator Cuff Self Traction	how many ____ time	___x/week	wksx____
Shoulder Ext.Rot. Sitting/ Standing ☐ Yellow ☐ Red ☐ Green ☐ Blue ☐ Black	how many ____ weight ____ theraband	___x/week	wksx____
Shoulder Int.Rot. Sitting/ Standing ☐ Yellow ☐ Red ☐ Green ☐ Blue ☐ Black	how many ____ weight ____ theraband	___x/week	wksx____
90/90 Rot. Cuff Supine/ Standing	how many ____ weight	___x/week	wksx____
Shrugs - Dumbells	how many ____ weight	___x/week	wksx____
Lateral Raises	how many ____ weight	___x/week	wksx____
Supra spinatus strengthening	how many ____ weight	___x/week	wksx____
Infra spinatus strengthening	how many ____ weight	___x/week	wksx____

T/S, L/S (Upper/Midback, Low Back)

	Repetitions	Frequency	Duration
Core Strengthening Exercises	how many 4 time 4	3 x/week	wksx 4
Pelvic Stabilization	how many 4 time 4	3 x/week	wksx 4
Ball Exercises	how many ____ time 4	___x/week	wksx____
Silver Theraband Stretch of Hamstring, IT Band, adductores	how many ____ time ____	___x/week	wksx____
Williams Flex Exercises Single Knee to Chest	how many 7 time 7	3 x/week	wksx 4
Double Knee to Chest	how many 3 time 3	3 x/week	wksx 4
Pelvic Tilt	how many 7 time 7	3 x/week	wksx 4
Curl-up ~~☐ Partial~~ ☐ Half ☐ Full	how many 4 time 4	3 x/week	wksx 4
Lumbar Rotation	how many ____ time ____	___x/week	wksx____
Unilateral Hip Extension with Support	how many ____ time ____	___x/week	wksx____
Hamstring Stretch	how many 4 time 4	3 x/week	wksx 4
Quadriceps Stretch	how many ____ time ____	___x/week	wksx____
Piriformis Stretch	how many 4 time 4	3 x/week	wksx 4
Adductors Stretch	how many ____ time ____	___x/week	wksx____
Squat	how many ____ weight ____ time ____	___x/week	wksx____
Hip Flexor Stretch	how many 4 time 4	3 x/week	wksx 4
McKenzie Exercises	how many 4 time 4	3 x/week	wksx 4
Prone on Elbows	how many 4 time 4	3 x/week	wksx 4
Prone Press-ups	how many ____ time ____	___x/week	wksx____
Progressive Extension with Pillows	how many ____ time ____	___x/week	wksx____
Standing Extension	how many ____ time ____	___x/week	wksx____
One Leg Opposite Arm Ext.	how many ____ time ____	___x/week	wksx____
Leg Extension at Prone Pos.	how many ____ time ____	___x/week	wksx____

Continued on the next page

Elbow

	Repetitions	Frequency	Duration
Active ROM	how many ____ time ____	____x/week	wksx____
Passive ROM	how many ____ time ____	____x/week	wksx____
Progressive Strengthening	how many ____ weight ____ time	____x/week	wksx____
Curls	how many ____ time ____	____x/week	wksx____
Tricep Pressing	how many ____ weight ____ time	____x/week	wksx____
Dynamic Power Flexor	how many ____ weight ____ time	____x/week	wksx____
Ball Exercises with soft weights (yellow or red)	how many ____ weight ____ time	____x/week	wksx____

Continued from the previous page				
Bilateral Front Raise	☐ Yellow ☐ Red ☐ Green ☐ Blue ☐ Black	how many ____ weight ____ theraband ____	____x/week	wksx____
Lateral Raise	☐ Yellow ☐ Red ☐ Green ☐ Blue ☐ Black	how many ____ weight ____ theraband ____	____x/week	wksx____
Squat and Row	☐ Yellow ☐ Red ☐ Green ☐ Blue ☐ Black	how many ____ weight ____ theraband ____	____x/week	wksx____
Reverse Flies	☐ Yellow ☐ Red ☐ Green ☐ Blue ☐ Black	how many ____ weight ____ theraband ____	____x/week	wksx____

Wrist/Hand

	Repetitions	Frequency	Duration
Active ROM	how many ____ time ____	____x/week	wksx____
Passive ROM	how many ____ time ____	____x/week	wksx____
Web Ex. ☐ Yellow ☐ Red ☐ Blue ☐ Black	how many ____ time ____	____x/week	wksx____
Putty Ex. ☐ Yellow ☐ Red ☐ Orange ☐ Blue ☐ Black	how many ____ time ____	____x/week	wksx____
Progressive Resistive Ex.	how many ____ weight ____ time	____x/week	wksx____
Wrist Curls	how many ____ weight ____ time	____x/week	wksx____
Reverse Curls/Wrist	how many ____ weight ____ time	____x/week	wksx____
Hammer Curls/Wrist	how many ____ weight ____ time	____x/week	wksx____
Supine/Pronation	how many ____ weight ____ time	____x/week	wksx____

	Repetitions	Frequency	Duration
Wrist Flexor Stregth	how many ____ weight ____ time	____x/week	wksx____
Wrist Extensor Stregth	how many ____ weight ____ time	____x/week	wksx____
Wrist Flexor Stretch	how many ____ time ____	____x/week	wksx____
Wrist Extension Stretch	how many ____ time ____	____x/week	wksx____
Theraflex Rod ☐ Green ☐ Red	how many ____ time ____	____x/week	wksx____
Finger Pull/ DigiFlex ☐ Yellow ☐ Red ☐ Green ☐ Blue	how many ____ time ____	____x/week	wksx____
Dynamic Power Flexor	how many ____ time ____	____x/week	wksx____
E-Z Exercise Board	how many ____ time ____	____x/week	wksx____
Small Ball Exercises ☐ Yellow ☐ Red ☐ Green ☐ Blue	how many ____ time ____	____x/week	wksx____
Soft Weights ☐ Yellow ☐ Red	how many ____ time ____	____x/week	wksx____

Hip/Leg

	Repetitions	Frequency	Duration
SLR	how many ____ weight ____ time	____x/week	wksx____
Hip Abduction Side Lying or Standing Position	how many ____ weight ____ time	____x/week	wksx____
Hip Adduction Supine and Standing Position	how many ____ weight ____ time	____x/week	wksx____
Extension Prone and Standing Position	how many ____ weight ____ time	____x/week	wksx____
Squatting with Exercise Ball	how many ____ time	____x/week	wksx____
Standing Hamstring Stretch	how many ____ time	____x/week	wksx____
SideLying Hip Flexors Stretch	how many ____ time	____x/week	wksx____
Psoas/Piriformis Stretch	how many ____ time	____x/week	wksx____
Lunges-Dumbells	how many ____ weight ____ time	____x/week	wksx____
Wall Slides	how many ____ time	____x/week	wksx____

Ankle

	Repetitions	Frequency	Duration
Active ROM	how many ____ time	____x/week	wksx____
Passive ROM	how many ____ time	____x/week	wksx____
Theraband Exercises ☐ Yellow ☐ Red ☐ Green ☐ Blue ☐ Black	how many ____ time	____x/week	wksx____
Stretches	how many ____ time	____x/week	wksx____
Ankle Alphabet	how many ____ time	____x/week	wksx____
Tilt Board	how many ____ time	____x/week	wksx____
Feet-Planter Fasciatis	how many ____ time	____x/week	wksx____
Isometric Exercises	how many ____ time	____x/week	wksx____
Balance Exercises	how many ____ time	____x/week	wksx____
Heel Raises	how many ____ time	____x/week	wksx____
Dynamic Disc	how many ____ time	____x/week	wksx____
Pro-Stretch	how many ____ time	____x/week	wksx____
Stability Trainer	how many ____ time	____x/week	wksx____
Theraflex Rod (Blue)	how many ____ time	____x/week	wksx____
Stretching and Stregthening Exercises with Silver Theraband	how many ____ time	____x/week	wksx____
Ball Exercises	how many ____ time	____x/week	wksx____

Knee

	Repetitions	Frequency	Duration
Active ROM	how many ____ time	____x/week	wksx____
Passive ROM	how many ____ time	____x/week	wksx____
Active Progressive Resistive Exercise with Machine	how many ____ weight ____ time	____x/week	wksx____
Progressive Resistive Exercise	how many ____ weight ____ time	____x/week	wksx____
Quad Isometric Exercise	how many ____ time	____x/week	wksx____
Hamstring Isometric Exercise	how many ____ time	____x/week	wksx____
Vastus Medialis Resistive Exercise	how many ____ weight ____ time	____x/week	wksx____
SLR	how many ____ weight ____ time	____x/week	wksx____
SLR without wights	how many ____ time	____x/week	wksx____
Short Arc Quad with Weights	how many ____ weight ____ time	____x/week	wksx____
Short Arc Quad without Weights	how many ____ time	____x/week	wksx____
Wall Slides	how many ____ time	____x/week	wksx____
Ball Exercises	how many ____ time	____x/week	wksx____

Overall Exercises

	Repetitions	Frequency	Duration
Cardio Walking	time	____x/week	wksx____
Stretches	how many ____	____x/week	wksx____
Walking: Fwd/Rev./Lat	time	____x/week	wksx____
March	time	____x/week	wksx____

Bicycle/Treadmill

	Repetitions	Frequency	Duration
Bicycle	level ____ time	____x/week	wksx____
Treadmill	level ____ time	____x/week	wksx____

Body Parts Exercises - Page 4

Patient's Name_____ Acc. #_____

Upper Extremity

	Set/Repetitions	Frequency	Duration
Chest Press/Row	set _____ rep.	___x/week	wksx____
Chest Fly/Back	set _____ rep.	___x/week	wksx____
One Arm Row/Press	set _____ rep.	___x/week	wksx____
Triceps Ext./Biceps Curl	set _____ rep.	___x/week	wksx____
Int./Ext. Rotation	set _____ rep.	___x/week	wksx____
Arm Circles	set _____ rep.	___x/week	wksx____
Upright Row/Lats	set _____ rep.	___x/week	wksx____
Lateral Deltoid Raise/Lats	set _____ rep.	___x/week	wksx____
Anter. Deltoid Raise/Lats	set _____ rep.	___x/week	wksx____
Shoulder Shrugs	set _____ rep.	___x/week	wksx____
	set _____ rep.	___x/week	wksx____
	set _____ rep.	___x/week	wksx____

Lower Extremity

	Repetitions	Frequency	Duration
Squats	set _____ rep.	___x/week	wksx____
Lunges	set _____ rep.	___x/week	wksx____
Hip Flexion/Extension	set _____ rep.	___x/week	wksx____
Hip Abduction/Adduction	set _____ rep.	___x/week	wksx____
Knee Flexion/Extension	set _____ rep.	___x/week	wksx____
Standing Leg Lifts	set _____ rep.	___x/week	wksx____
Lat./Ant. Step Ups	set _____ rep.	___x/week	wksx____
Plantar/Dorsiflexion	set _____ rep.	___x/week	wksx____
One Leg Balance	set _____ rep.	___x/week	wksx____

RPT Name: INA HOCUTT, RPT License # PT 5300 Signature _____

☒ Visit was performed with the aid of a Qualified Interpreter.

Name of interpreter Lucia Contreras Company: Accurate Interpreting

Signature _____

Patient Signature _____