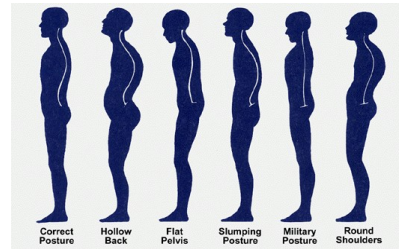
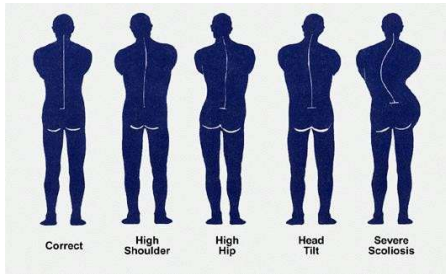


Trauma/Neurological Physical Examination

Name _____

Date _____



Vital Signs

Age	
Height	
Weight	
Pulse/min	
Respiration/min	
BP	
Temp	

Resistive Efforts

Cervical Spine	Pain/Weak
Flexion	
Extension	
Left Rotation	
Right Rotation	
Left Lat Flex	
Right Lat Flex	

Range Of Motion

	Norm	Passive		Active	
		Exam	Pain	Exam	Pain
Cervical Spine					
Flexion	45				
Extension	55				
Left Rotation	70				
Right Rotation	70				
Left Lat Flex	45				
Right Lat Flex	45				

Deep Tendon Reflexes

Reflex	Disc	Root	Left	Right
Biceps	C4-C5	C5		
Brachio	C5-C6	C6		
Triceps	C6-C7	C7		
Quads	L3-L4	L4		
Hamstrings	L4-L5	L5		
Gastroc	L5-S1	S1		

0 = no response

1 = somewhat diminished

2 = normal

3 = brisk

4 = hyperactive

Postural Analysis

Region	L	N	R
Head: Lateral Flexion			
Head: Rotation			
Head: Translation			
Cervical Muscle Tension			
Thoracic Muscle Tension			
Lumbar Muscle Tension			

Cervical Spine Exam

Test	Pain	Relief
Neutral Comp		
L Lat Comp		
R Lat Comp		
Flexion Comp		
Ext Comp		
L Rot Comp		
R Rot Comp		
L Sh Dep		
R Sh Dep		
Distraction		

Muscle Strength

Test	Root	Left	Right
Deltoid	C5		
Biceps	C6		
Triceps	C7		
Finger Flex	C8		
Finger Abd	T1		
Iliopsoas	T12-L3		
Ant Tibialis	L4		
Ext Hal Long	L5		
Peroneals	S1		

5 = normal; full ROM, full resistance

4 = good; full ROM, some resistance

3 = fair; full ROM, against gravity

2 = poor; full ROM, no gravity

1 = trace; no motion, with contractility

0 = zero; no motion, no contractility

Spinal Palpation

Left	Level	Right
	Occp	
	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	

S = Spasm

F = Fixation

T = Tender

E = Edema

H = Hypertonic

N = Nodule

P = Pain

+Mild

++Mod

+++Severe