

Name: _____

Low Back Evaluation

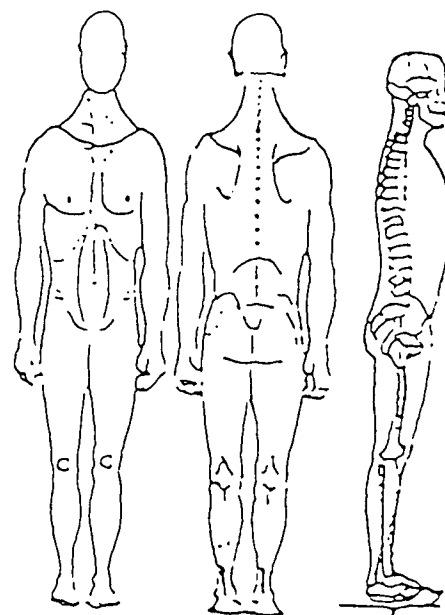
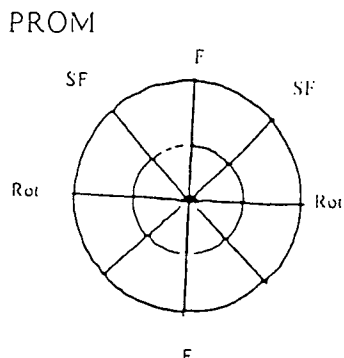
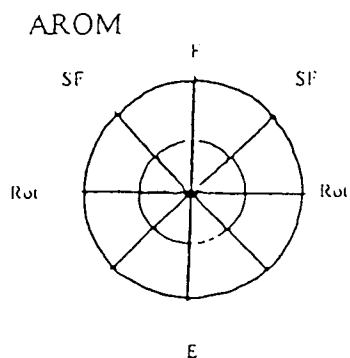
☐ Verbal Consent

Special Questions

Revised Oswestry(%) _____

Posture Analysis ☐ Edema

☐ Atrophy ☐ Functional



Resisted Tests

Lumbar Extension ☐ Normal ☐ NT

Lumbar Side bend ☐ Normal ☐ NT

Neurological Testing – see Lower Scan

Stability Tests

PA ☐ Clear ☐ NT

Rot'n ☐ Clear ☐ NT

Special Tests

Valsalva ☐ Clear ☐ NT

Quadrant ☐ Clear ☐ NT

Kinetic ☐ Clear ☐ NT

Compress ☐ Clear ☐ NT

Distract ☐ Clear ☐ NT

Thigh Thrust ☐ Clear ☐ NT

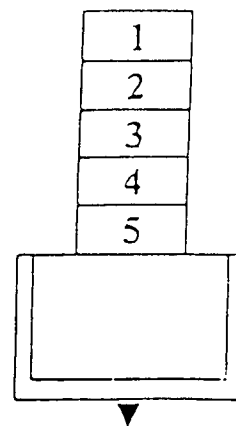
Active SLR ☐ Clear ☐ NT

FABER ☐ Clear ☐ NT

Other _____

Accessory Movements (↑, ↓, ←, →)

8
9
10
11
12



Functional Balance (↑, ↓, N, NT)

R / L

TA _____

Hamstring _____ / _____

Rec. Fem. _____ / _____

Multif. _____

Posas _____ / _____

Glutes _____ / _____

Palpation: _____

Signature _____

Date ____/____/____