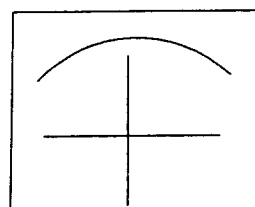
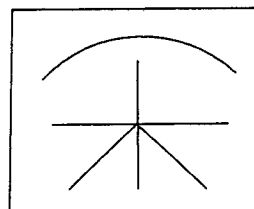


Objective Examination Findings:

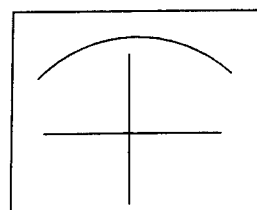
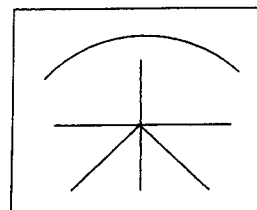
Numerical Pain Scale: Avg ___/10 Worst ___/10

Orebro _____

Spinal Area: ☐ Cervical ☐ Thoracic ☐ LumbarAROM: ☐ Within Normal Limits
☐ Pain/Stiffness at End Range
☐ Restricted by PainPROM: ☐ Within Normal Limits
☐ Pain/Stiffness at End Range
☐ Restricted by PainRRM: ☐ Within Normal Limits
☐ Restricted by Pain

Examination Details: _____

Motion Palpation: _____

Spinal Area: ☐ Cervical ☐ Thoracic ☐ LumbarAROM: ☐ Within Normal Limits
☐ Pain/Stiffness at End Range
☐ Restricted by PainPROM: ☐ Within Normal Limits
☐ Pain/Stiffness at End Range
☐ Restricted by PainRRM: ☐ Within Normal Limits
☐ Restricted by Pain

Examination Details: _____

Motion Palpation: _____