

OBSERVATION / FUNCTION:GAIT:NEUROLOGICAL:

Sensation

Dermatomes

Key Muscles

DTR

L R

C5,6 Biceps

C6,7 BR

C7,8 Triceps

L3,4 Patellar

L5 EDB

S1,2 Achilles

Babinski/Hoffman

Clonus

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NEURODYNAMICS:

SLR R +/- _____°

L +/- _____°

SLUMP +/-

PKB +/-

X-SLR +/-

MEDIAN +/-

RADIAL +/-

ULNAR +/-

AROM

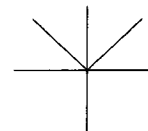
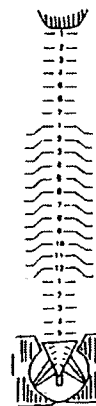
L

R

PROM

L

R

ACCESSORY:ROM / MOBILITY TESTING:MUSCLE: (RESISTED/LENGTH-TENSION)IMPRESSION:Precautions:SPECIAL / STABILITY TESTS:TREATMENT:☐ Refer to Rx plan in chart☐ Consent for treatment by PT & PSP _____ x/wk, for _____ wks☐ Post-Ax Rx:PALPATION:

Chiropractor: _____

Signature: _____