

CHIROPRACTIC ORTHOPEDIC AND NEUROLOGIC EXAMINATION

PATIENT _____

DATE _____

CERVICAL SPINE

ROM	ACTIVE	PAIN
FLEXION	_____	_____
EXTENSION	_____	_____
R LAT. FLEXION	_____	_____
L LAT. FLEXION	_____	_____
R ROTATION	_____	_____
L ROTATION	_____	_____
DYNAMOMETER	R _____	L _____
3 ATTEMPTS	R _____	L _____
	R _____	L _____

ORTHO TESTS

DISTRACTION _____
 COMPRESSION _____
 LAT FLEX COMP _____
 FORAM. COMP. _____
 SHOULDER DEP. _____
 SOTO HALL _____

NEURO TESTS

REFLEXES
 C5 R _____ L _____
 C6 R _____ L _____
 C7 R _____ L _____
 DERMATOMES
 R L
 C5 _____ / _____
 C6 _____ / _____
 C7 _____ / _____
 T1 _____ / _____

LUMBAR SPINE

ROM	ACTIVE	PAIN
FLEXION	_____	_____
EXTENSION	_____	_____
R LAT. FLEXION	_____	_____
L LAT. FLEXION	_____	_____
R ROTATION	_____	_____
L ROTATION	_____	_____
	RIGHT	LEFT
PATELLAR - L4	_____	_____
ACHILLES - L5	_____	_____

ORTHO TESTS

VALSALVA'S _____ GOLDTHWAITS _____
 MILGRAM'S _____ NACHLAS _____
 ST LEG RAISE _____ YEOMANS _____
 BRAGGARD'S _____ KEMPS _____
 SITTING ROOT _____ FABERE _____
 POPLIT. CRAM _____ MINOR _____

DERMATOMES

	RIGHT	LEFT
L3	_____	_____
L4	_____	_____
L5	_____	_____
S1	_____	_____

VITAL SIGNS

BP SUPINE _____ / _____
 SITTING _____ / _____
 STAND _____ / _____

PULSE _____

NOTES: _____

 DOCTORS SIGNATURE