bwellhealth

Patient Re-Examination Form

Patient Name _____ Date _____

Visual Analog Scale

Rank your pain throughout daily activities:

0 1 2 3 4 5 6 7 8 9 10

No pain at all Worst possible pain

Vital Signs

Height _____ Weight _____ Blood/Pressure _____/_____ Pulse _____

Doctor's Notes:

_____

_____

_____

_____

Orthopedic Tests

Cervical Orthopedic

	Location	Radiates	Intensity
Cervical Comp.			
George's			
Brachial Plex.			
Shoulder Dep.			
Adsons			
Edens			
Wrights			
Cervical Dist.			
Hautant's			

Thoracic/Lumbar Orthopedic

	Location	Radiates	Intensity
Slump			
Milgrams			
Kemps			
Well Leg			
Valsalva			
SLR			
Lidners			
Braggards			
Yeoman			

Range of Motion

Cervical		*Pain*
Flexion	_____/60	_____
Extension	_____/60	_____
Rt. Rotation	_____/80	_____
Lt. Rotation	_____/80	_____
Rt. Lat. Flex.	_____/45	_____
Lt. Lat. Flex.	_____/45	_____

Lumbar		*Pain*
Flexion	_____/60	_____
Extension	_____/25	_____
Rt. Rotation	_____/30	_____
Lt. Rotation	_____/30	_____
Rt. Lat. Flex.	_____/25	_____
Lt. Lat. Flex	_____/25	_____

Diagnosis _____

Treatment Plan:

General:

- ☐ Promote soft tissue healing
- ☐ Relieve pain and prevent recurrence
- ☐ Increase pain-free ROM
- ☐ Restore normal strength and stability to joint
- ☐ Quickly change to rehabilitation or restoration of function
- ☐ Reduce swelling
- ☐ Identification of all related etiological or contributing agents, such as diet, food allergies, and medications.
- ☐ Modification of diet or activities directed toward prevention of recurrence and restoration of daily activities.
- ☐ Reduce contributing or secondary myofascial trigger points in lumbar, thoracics, and cervical musculature.
- ☐ Identify any shoulder muscle weakness and manipulate associated nerve root level in cervical spine.

Specific statement of goals:

Short Term:

- ☐ Minimize pain
- ☐ Relief of spasms
- ☐ Reduce edema
- ☐ Increase strength and power
- ☐ Increase ROM

Visits:

- ☐ 3x/week for 3 weeks
- ☐ 2x/week for 3 weeks
- ☐ 1x/week for 3 weeks
- ☐ 1x/month
- ☐ 1x/week
- ☐ On Call
- ☐ 1x every 2 weeks
- ☐ Manual Therapy

Long Term:

- ☐ Return to independence in ADLs
- ☐ Return to independence in ambulation
- ☐ Improved breathing
- ☐ Improved overall endurance level
- ☐ Improved coordination to max potential

Anticipated Discharge Date _____