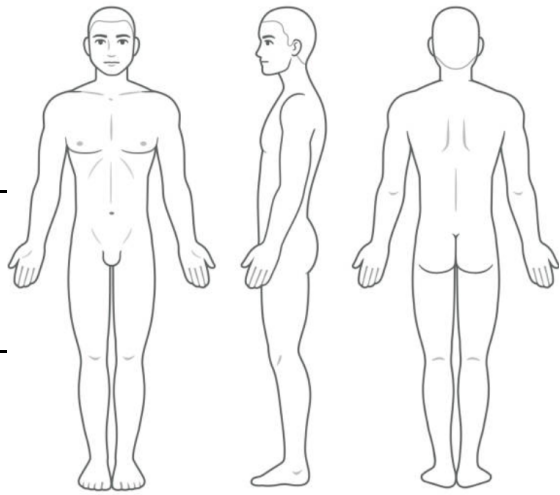
CLINICAL EVALUATION FORM

Date: _____ Patient Name: _____ DOB: _____

BASIC ASSESSMENT



Age: _____ Occupation: _____

Symptom Onset: _____ Mechanism: _____

PAIN ASSESSMENT

Location of Pain: _____

Movements that Provoke Pain: _____

SYMPTOM CLASSIFICATION

Symptom	Present	Absent
Pain	☐	☐
Tingling/Pins & Needles	☐	☐
Numbness	☐	☐
Weakness	☐	☐

NEURAL STRUCTURES

Structure	Pain	Pins & Needles/Numbness	Weakness	Characteristics
Spinal Cord	No	Yes - bilateral	Possible	Non-segmental patterns
Nerve Root (Dural)	Yes	No	No	Pain along dermatome
Nerve Root (Parenchyma)	Yes	Yes - distal dermatome	Possible	Poorly defined edges
Nerve Trunk	No	Yes	Yes	Release phenomenon
Small Nerve	No	Yes - numbness	No	Well-defined edges

RANGE OF MOTION

Active ROM:

- Flexion: Right: _____° ☐Pain ☐No Pain Left: _____° ☐Pain ☐No Pain
- Extension: Right: _____° ☐Pain ☐No Pain Left: _____° ☐Pain ☐No Pain
- Abduction: Right: _____° ☐Pain ☐No Pain Left: _____° ☐Pain ☐No Pain
- Adduction: Right: _____° ☐Pain ☐No Pain Left: _____° ☐Pain ☐No Pain

- Internal Rotation: Right: _____° ☐Pain ☐No Pain Left: _____° ☐Pain ☐No Pain
- External Rotation: Right: _____° ☐Pain ☐No Pain Left: _____° ☐Pain ☐No Pain

Passive ROM:

- Pattern: ☐Capsular ☐Non-capsular
- Findings: ☐Ligament Sprain ☐Bursitis ☐Internal Derangement (☐Subluxation ☐Dislocation ☐Disc)
- End Feel: ☐Bony ☐Soft ☐Empty ☐Springy ☐Abrupt

Resistance Testing: ☐Strong & painless ☐Strong & painful ☐Weak & painless ☐Weak & painful
Movements tested: _____

Special Tests:

_____
_____
_____
_____

Miscellaneous Testing:

_____
_____
_____
_____

ASSESSMENT & PLAN

Diagnosis: _____

Treatment Plan: _____

Home Instructions: _____

Clinician: _____ Signature: _____