

CLINICAL EVALUATION FORM

Date: _____ Patient Name: _____ DOB: _____

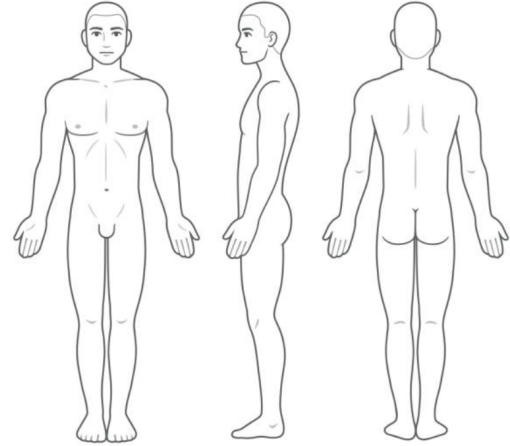
Age: _____ Occupation: _____ Date of Injury: _____

Mechanism: _____

PAIN ASSESSMENT

Location of Pain: (correlate with dermatome chart)

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

Neural structure involved based on symptom: _____

EVALUATION

1. Leg Length Discrepancy: _____

2. Active ROM

Movement	Right (°)	Pain	No Pain	Left (°)	Pain	No Pain
Flexion						
Extension						
Abduction						
Adduction						
Internal Rotation						
External Rotation						

3. Passive ROM:

Pattern: ☐ Capsular ☐ Non-capsular

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If non-capsular: ☐ Ligament ☐ Bursitis ☐ Internal Derangement ☐ Tendon Sheath/Tenosynovitis

Resistance Testing

Movement	Strong & Painless	Strong & Painful	Weak & Painless	Weak & Painful

Special Tests: _____ Misc. Testing: _____

Structures Involved (Resisted Movement): ☐ Muscle ☐ Muscle Tendon

Passive ROM Findings: ☐ Capsule ☐ Ligament ☐ Tendon Sheath/Tenosynovitis ☐ Displacement

Clinician: _____ Signature: _____