

General Physical Examination

Name: _____

Vital Signs:

☒ Check normal, circle & describe abnormal.

Pulse: L _____ R _____, Blood Pressure: L _____ / _____, R _____ / _____, Temp: _____, VBI: L _____ R _____, Resp: _____ /min, Visual acuity: L _____ / _____, R _____ / _____, Height: _____, Weight: _____

Observation: ☐ WNL

Development: ☐ good, ☐ fair, ☐ poor

- ☐ Posture: _____
☐ Gait: _____
☐ Skin (bruising, scars): _____
☐ Asymmetry: _____
☐ Other: _____

Range of motion: ☐ WNL

Cervical Spine	L	R	Lumbar Spine	L	R
Flexion (45°)			Flexion (90°)		
Extension (55°)			Extension (30°)		
Lateral flexion (45°)			Lateral flexion (20°)		
Rotation (70°)			Rotation (30°)		

Neurologic exam: ☐ WNL

Sensation ☐ WNL	L	R
Light touch		
Sharp/dull		
Vibration		

Reflexes (0-5) ☐ WNL	L	R
Biceps (C5)(musculocut.)		
Brachioradialis(C6)(radial)		
Triceps (C7)(radial)		
Patellar (L4)(femoral)		
Medial hamstring (L5)(sciatic)		
Achilles (S1)(tibial)		
Babinski		
Other:		

Motor (0-5) ☐ WNL	L	R
Resisted neck ROM (C1-C4)		
Shoulder elevation (CN XI, C3-C6)		
Shoulder abduction (C4-C6)		
Elbow flexion (C5-C6)		
Elbow extension (C6-C8)		
Wrist/finger flexion (C7-T1)		
Wrist/finger extension (C6-C8)		
Hip flexion (L1-L3)		
Knee extension (L2-L4)		
Knee flexion (L4-S1)		
Plantar flexion (L5-S2)		
Dorsiflexion (L4-L5)		
Other:		

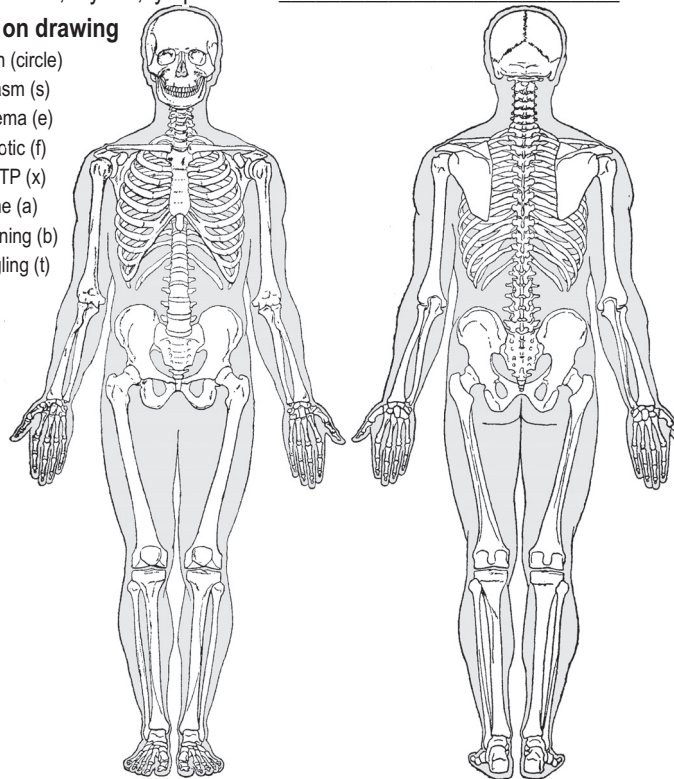
Cranial nerves ☐ WNL	
☐ I (smell)	☐ VII (facial expres)
☐ II (light, vision)	☐ VIII (Weber, Rinne)
☐ III, IV, VI (gaze)	☐ IX, X (ahhh)
☐ V (bite, sensation)	☐ XI (trap/SCM)
☐ V, VII (corneal ref.)	☐ XII (tongue)

Palpation: ☐ WNL

- ☐ Skin, temperature, moisture: _____
☐ Parotids, thyroid, lymph nodes: _____

Mark on drawing

- ☐ pain (circle)
☐ spasm (s)
☐ edema (e)
☐ fibrotic (f)
☐ MFTP (x)
☐ ache (a)
☐ burning (b)
☐ tingling (t)



Spinal Palpation

- C0 _____
C1 _____
C2 _____
C3 _____
C4 _____
C5 _____
C6 _____
C7 _____
T1 _____
T2 _____
T3 _____
T4 _____
T5 _____
T6 _____
T7 _____
T8 _____
T9 _____
T10 _____
T11 _____
T12 _____
L1 _____
L2 _____
L3 _____
L4 _____
L5 _____
S1 _____
Co _____
SI _____

Orthopedic exam: ☐ WNL, ☐ other: _____

Functional ☐ WNL	L	R	Cervical ☐ WNL	L	R	Lumbar ☐ WNL	L	R
Heel walk (L3, L4, L5)			Resisted muscle test			Kemp's test		
Toe walk (S1)			Compression			SLR passive, active		
Squat & rise			Maximal compression			Braggard's		
Tandem Romberg			Distraction			Patrick's (FABERE)		
Romberg			PROM			Thomas/Gaenslen's		
Adam's Sign			Jull's (active flexion)			Hip circumduction		
Other:			Soto Hall/Brudinski			SI distraction/compression		

Additional exam procedures: ☐ WNL

- ☐ Auscultation (heart, lungs): _____
☐ Other: _____

Signature: _____

Date: _____