Back and Lower Extremity Examination

Patient's Name: _____ Date: _____

Physical Examination:

General physical examination showed _____ year old, well / poorly / under / over / normally developed, Caucasian / Hispanic / Asian / African American / other _____, male / female / adult / teenager / child in no / mild / moderate / severe distress.

Body Shape: well proportioned / thin / slender / husky / overweight.
Posture: good / fair / poor / stooped / antalgic / forward head.
Gait: normal / guarded / limped / irregular / needs assistance to walk / unable to walk.
Movements: normal / restrictive / stiff / slow / guarded with or without great / some / no difficulty.

The patient was alert / drowsy /oriented / disoriented to time, place, person and/or situation.

General Data:

Weight: _____ Height: _____ Temp: _____ Respiration: _____

Pulse Rate: _____ Right handed / Left handed

Blood Pressure: Left arm: _____ Right arm: _____

Temporomandibular Joint Disorders:

Prior to this accident:		After this accident:
_____	Difficulty opening the mouth?	_____
_____	Audible noises from the jaw joints?	_____
_____	Does the jaw get "stuck" or "locked"?	_____
_____	Pain about the ears or cheeks?	_____
_____	Pain chewing / yawning or wide opening?	_____
_____	Does the bite feel uncomfortable or unusual?	_____
_____	History of loose teeth?	_____

Facial symmetry? _____ Jaw movements? _____
Lateral deviation of the jaw? _____ Crepitus? _____
Palpatory tenderness? _____ Clicking? _____
Other: _____

Cranial nerve examination: _____

STANDING:

Inspection / Palpation / Percussion

Inspection:

Posture: Normal/Lordosis/Kyphosis/Scoliosis (type) _____

Present after forward bending? _____

Scars, lacerations, hematoma or ecchymosis? _____

_____

_____

Patient's Name: _____ Date: _____

Heel Walking: _____ Toe Walking: _____ Forward Bending:_____ Supported forward bending: _____

Trendelenberg: _____ Squat and Rise: _____ Vertebral percussion of the spine _____

Palpation:

Tenderness: (+1:Patient states that the area is mildly tender - annoying;+2:Patient states that the area is moderately tender; +3:Patient complains of considerable tenderness and withdraws momentarily in response to the test pressure; +4:Patient complains of severe tenderness, and withdraws immediately in response to test pressure, and is unable to bear sustained pressure.)

Lumbar spine: _____ Radiation?: _____

Paravertebral musculature: _____

_____

Sciatic notch: _____ Posterior thigh: _____ Posterior calf: _____

Muscle Tone: (Normal:0; +1:Sustained muscle contraction with mild resistance to passive motion in any direction; +2:Sustained muscle contractions with moderate resistance to passive motion in any direction with some restriction in motion; +3:Muscle rigidity with complete resistance to passive motion in some direction; +4: Spasm triggered by/with movement or external irritation, e.g., probing on movement triggers a muscle contraction; +5: Exists in/with absence of movement or external irritation, e.g., muscle contracture; observable and often causes antalgic posture or listing.)

_____

_____

Trigger/Myofascial Points: (Active, Latent, Satellite and location)

_____

_____

Lumbosacral Ranges of Motions: (with location of pain)

	ROM	Pain
Flexion (0-90)	Range _____	
	Lacks _____cm/inches from fingertips to floor with Pain? _____	
Extension (0-30)	Range _____	_____
R. Lateral Flexion (0-30)	Range _____	_____
L. Lateral Flexion (0-30)	Range _____	_____
R. Rotation (0-30)	Range _____	_____
L. Rotation (0-30)	Range _____	_____

P.S.I.S. Levels: Level _____ Superior _____ Inferior _____

SITTING:

Straight Leg Raising:	Right _____	Left _____
Kemp's Test for disc protrusion:	Right _____	Left _____
Sitting Flexion Test:	Right _____	Left _____

Reflexes (0:No response; 1+:Hyporeflexia; 2+: Normal; 3+: Hyperreflexia; 4+: Hyperreflexia with transient clonus; 5+: Hyperreflexia with intermittent or sustained clonus)

Patella reflex (L4)	Right _____	Left _____
Achilles reflex (S1)	Right _____	Left _____
Babinski	Right _____	Left _____

Patient's Name: _____ Date: _____

Sensation: (dermatomes)

Touch _____
Pinprick _____
Temperature _____
Vibration _____
Light Touch _____

SUPINE:

Leg length:(anterior superior iliac spine to medial malleolus) Right _____ cm/in Left _____ cm/in

Apparent leg length: (umbilicus to medial malleolus) Right _____ cm/in Left _____ cm/in

Lower Extremity Girth Measurements

Measurement of Thighs:

3" above patellar: Right _____ cm/in Left _____ cm/in

6" above patellar: Right _____ cm/in Left _____ cm/in

Measurement of Calves:

6" below patellar: Right _____ cm/in Left _____ cm/in

Orthopedic Tests and Signs:

Straight leg raising: (range in degrees)	Right _____	Left _____
Lasegue's sign:	Right _____	Left _____
Braggard's sign:	Right _____	Left _____
Milgram's test (herniated disc):	Right _____	Left _____
Patrick (Fabere's):	Right _____	Left _____
Facet sign	_____	
Gaenslen's test:	Right _____	Left _____
Sacroiliac joint compression test:	Right _____	Left _____
Pelvic rock method:	Right _____	Left _____
Sacroiliac joint gapping:	Right _____	Left _____
Thomas test:	Right _____	Left _____
Knee to chest test:	Right _____	Left _____
Goldwaith's test:	Right _____	Left _____
Neck flexion test:	Right _____	Left _____
Beevor's sign:	Right _____	Left _____

Supine ASIS levels: Level _____ Superior _____ Inferior _____

Tarsal tunnel compression test: _____

Pulses of the Lower Extremities: (0 absent, + diminished, ++ normal, +++ increased)

Dorsipedal _____ Popliteal _____ Posterior tibial _____

SIDE:

Obers Test _____

Patient's Name: _____ Date: _____

PRONE:

Sciatic notch tenderness: Right _____ Left _____

Back hyperextension with push-up: Degree _____ Pain _____

Knee flexion: Right _____ Left _____

Passive hip extension: Right _____ Left _____

P.S.I.S. Levels: Level _____ Superior _____ Inferior _____

Sacral Sulcus: _____ ILA levels:_____

Prone internal rotation of hips:_____ Prone external rotation of hips: _____

Sacral Dermatomes: (S3, S4, S5)

Light Touch _____ Pinprick: _____ Numbness: _____

Lower Extremity – Range of Motion / Muscle Strength

	Active ROM		Passive ROM		Strength	
	Left	Right	Left	Right	Left	Right
Hip:						
Flexion (L1,2,3) (0-110)	_____	_____	_____	_____	_____	_____
Extension (S1) (0-30)	_____	_____	_____	_____	_____	_____
Abduction (L5) (0-50)	_____	_____	_____	_____	_____	_____
Adduction (L2,3,4) (0-30)	_____	_____	_____	_____	_____	_____
Int. Rotation (0-35)	_____	_____	_____	_____	_____	_____
Ext. Rotation (0-50)	_____	_____	_____	_____	_____	_____
Knee:						
Flexion (0-135)	_____	_____	_____	_____	_____	_____
Extension (0-180)	_____	_____	_____	_____	_____	_____
Ankle:						
Dorsiflexion (0-15)	_____	_____	_____	_____	_____	_____
Plantar flexion (0-50)	_____	_____	_____	_____	_____	_____
Inversion (0-35)	_____	_____	_____	_____	_____	_____
Eversion (0-20)	_____	_____	_____	_____	_____	_____
MTP Joints:						
Flexion	_____	_____	_____	_____	_____	_____
Extension	_____	_____	_____	_____	_____	_____
Abduction	_____	_____	_____	_____	_____	_____
Adduction	_____	_____	_____	_____	_____	_____
Toes:						
Flexion H.L. (0-25)	_____	_____	_____	_____	_____	_____
Extension H.L. (0-40)	_____	_____	_____	_____	_____	_____

Nerve Root	Dermatome	Muscle	Reflex
L4	Medial leg and medial great toe	Knee Extensors	Patellar
L5	Lateral leg and top of foot	Ankle and Hip Extensors	
S1	Lateral foot	Ankle Flexors	Achilles