

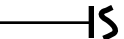



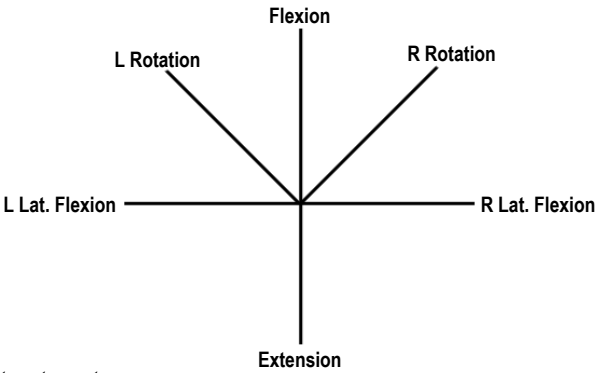
Spinal Joint Exam

Patient Name:

Date:

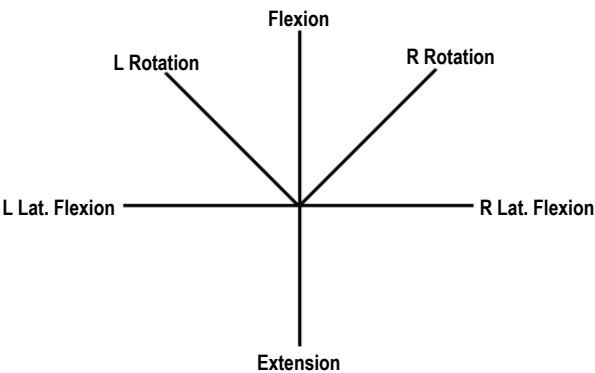
Legend	Contra-indications or Precautions
 : Active ROM	
 : Passive ROM	
 : Hypermobility	Additional Notes
 : Pain in ROM	

1. Spinal Joint Examined: _____



Pre-treatment

8. Spinal Joint Examined: _____



Post-treatment

2. Abnormal End-feels

Movement	Quality

3. Restriction Pattern

Capsular	Non-capsular

4. Resisted ROM Testing

Direction	Grade	Pain (y/n)

Intern:
Class:
Term:

7. Differential Diagnosis

6. Special Tests

+/-

5. Joint Play (C-L) Assessment

Clinic instructor:
Date: