

# 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 <input type="checkbox"/> WNL	L	R
Light touch		
Sharp/dull		
Vibration		

Reflexes (0-5) <input type="checkbox"/> 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) <input type="checkbox"/> 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:		

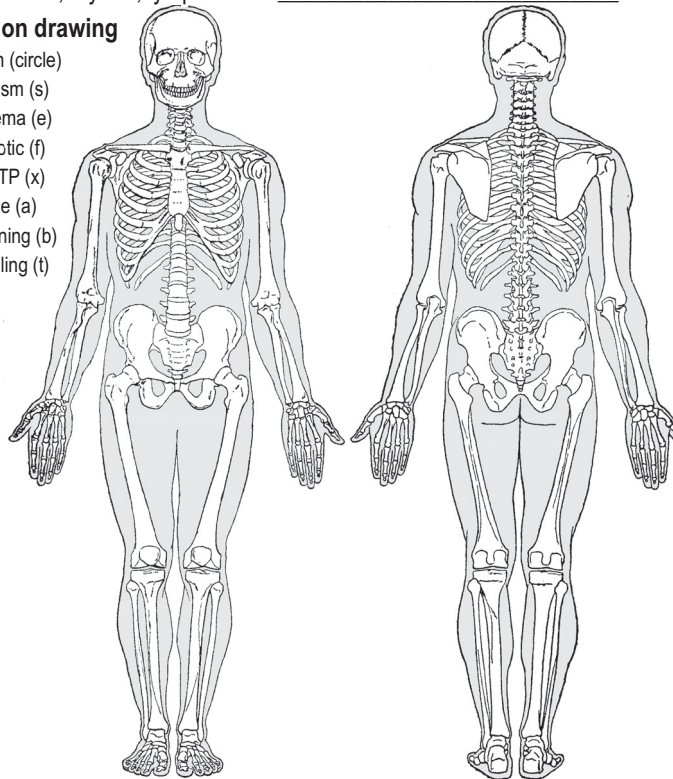
Cranial nerves <input type="checkbox"/> WNL	
<input type="checkbox"/> I (smell)	<input type="checkbox"/> VII (facial expres)
<input type="checkbox"/> II (light, vision)	<input type="checkbox"/> VIII (Weber, Rinne)
<input type="checkbox"/> III, IV, VI (gaze)	<input type="checkbox"/> IX, X (ahhh)
<input type="checkbox"/> V (bite, sensation)	<input type="checkbox"/> XI (trap/SCM)
<input type="checkbox"/> V, VII (corneal ref.)	<input type="checkbox"/> 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 <input type="checkbox"/> WNL	L	R	Cervical <input type="checkbox"/> WNL	L	R	Lumbar <input type="checkbox"/> 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: \_\_\_\_\_