





# Peripheral Joint Exam

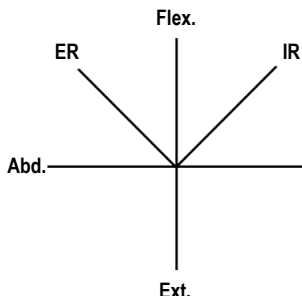
Patient Name:

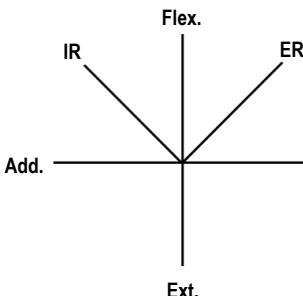
Date:

Legend	Contra-indications or Precautions
 : Active ROM	
 : Passive ROM	
 : Hypermobility	<b>Additional Notes</b>
 : Pain in ROM	

**1. Joint Examined:** \_\_\_\_\_

-- R --                      -- L --

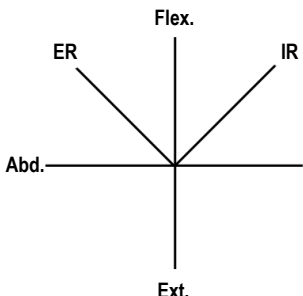


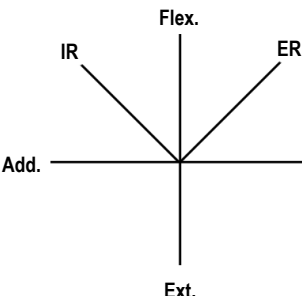


*Pre-treatment*

**8. Joint Examined:** \_\_\_\_\_

-- R --                      -- L --





*Post-treatment*

**2. Abnormal End-feels**

Movement	Quality

**7. Differential Diagnosis**


**3. Restriction Pattern**

Capsular	Non-capsular

**6. Special Tests** +/-


**4. Resisted ROM Testing**

Direction	R - Grade - L	Pain (y/n)

**5. Joint Play (C-L) Assessment**


Intern:  
Class:  
Term:

Clinic instructor:  
Date: