|  |  |  |
| --- | --- | --- |
| C:\Users\user\Desktop\Logo - Access Health Centre (3).jpeg Access Health Centre  2130 North Park Drive, Units 231 & 232  Brampton, ON L6S 0C9  PH: 905-792-0050 FAX: 905-792-2009 | **Patient**: {{Patient\_Name}}  **D.O.Ass**.: {{Appointment\_Date}} **D.O.Acc:**  Job Description: □ Standing □ Sitting □ Lifting □ Other  **Family Dr**: {{Patient\_FamilyDoctor}} | |
| □ Verbal consent obtained to proceed with the assessment  Current Hx: | □ Worse □ Same □ Better  body image pain scale - Clip Art Library  Type of Pain:  □ Sharp & Shooting Pain  □ Tingling □ Sore  □ Numbness □ Dull  □ Burning □ Cramping | |
| General Health:  □ High B.P. □ Diabetics □ Cholesterol  □ Pacemaker □ Pregnancy □ Metal Implants  □ Recent # □ Allergies □ Arthritis  □ Osteoporosis □ Clotting Factors □ Epilepsy  □ Thyroid □ Cancer □ Other |
| Past Hx/Previous Rx: Yes □ No □ | |
| Medications: | Diagnostic Tests: Yes □ No □  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Recent: X-Rays □ MRI □ US  □ CT Scan  Result: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Work Hx: □ Working □ Modified hours □ Off Work  □Not working due to accident □ Not working  □Modified duties □ Not working due to pain |
|  |  |
| □ Pain / □ Altered Sensation | | |
| Onset:  □ Insidious / □ Sudden | Duration:  □ Constant / □ Intermittent / □ Periodic / □ Occasional | |
| Intensity Today: /10 Before: /10  (VAS) Today: /10 Before: /10 | Pattern:  □ Morning / □ Day / □ Night | |
| Difficulty in ADL’s : Yes □ No □ | Irritability:  □ Mild / □ Mod/ □ Severe | |
| Disturbed Sleep: Yes □ No □  Sometimes □ | Sleeping Posture:  □ Supine / □ Prone / □ Side ( R / L ) | |
| Aggravated by: □ All Activities □ Lifting  □ Bending forward / Backwards □ Twisting  □ Overhead movts □ Carrying □ Long walking  □ Long Standing □ Climbing □ Running  □ Long Sitting □ Weight Bearing □ Neck movts | Eased by:  □ Rest □ Medications □ Sitting  □ Lying □ Standing □ Gel Application  □ HEAT application □ ICE application | |
|  | Able To Stay in one position:  □ 15 min / □ 20 min / □ 30 min / □ 1 hr | |

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| Screening Questions: |
| □ Saddle Paresthesia □ Fever □ Headache □ Dizziness □ Blackouts  □ Bowel & Bladder □ Dysphygia □ Hx. Corticosteroids □ Diplopia |

**EXAMINATION**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| C / sp A/Rom | Fl: |  | Ex: |  | Lt Rot: |  |  |  |
|  | Rt Rot: |  | Rt Lat Fl: |  | Lt Lat Fl: |  |  |  |
| Shoulder | Fl: |  | Abd: |  | ER: |  | IR: |  |
| L/sp | Fl: |  | Ex: |  | Rot: |  |  |  |
| Posture: □ FHP / □ Lordosis / □ Scoliosis / □ Kyphosis / □ ASIS Shift | | | | | | | | |
| Knee A/Rom | Fl: |  | Ex: |  |  |  |  |  |
| Elbow A/Rom | Fl: |  | Ex: |  |  |  |  |  |
| Ankle A/Rom | Right PF: |  | DF: |  | Inv: |  | Ev: |  |
|  | Left PF: |  | DF: |  | Inv: |  | Ev: |  |

**PALPATION:**

|  |  |
| --- | --- |
| Swelling: | □ Mild / □ Moderate / □ Severe / □ Absent |
| Inflammation: | □ Warmth / □ Present / □ Absent |
| Tenderness: |  |
| Muscle Spasm: |  |
| Stiffness: | □ C/sp: / □ L-sp: / □ T-sp: / □ R Knee / □ L Knee  □ R Shl: / □ L Shl: / □ R Elbow: / □ L Elbow: / □ R Wrsit: / □ L Wrsit: |
| Tightness | □ SCM: / □ UFT: / □ MFT: □ Quads:  □ TA: / □ Paraspinals: / □ Hams: / □ Calf: / □ TFL: |

**SPECIAL TESTS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Slump Test:** |  | **Wrsit Test:** |  |
| **SLR:** |  | **C/sp Test:** |  |
| **Shoulder Test:** |  | **Ankle Test:** |  |
| **Elbow Test:** |  | **Other Test:** |  |
| **Knee Test:** |  |  |  |

|  |  |
| --- | --- |
| **Summary:** |  |

**PT Goals:**

□ Decrease Pain / □ Decrease Tenderness / □ Decrease Stiffness / □ Decrease Swelling / □ Increase Function

□ Increase ROM / □ Increase Strength / □ Education / □ Motivation / □ A-ROM Ex’s / □ Isometric Ex’s.

**Treatment Plan**

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|  |

□ Obtained Informed Consent For Treatment **{{ServiceProvider\_FullName}}**