** UNIVERSIDADE FEDERAL DO PIAUÍ**

**CAMPUS MINISTRO REIS VELLOSO**

**CLÍNICA ESCOLA DE FISIOTERAPIA**

**FICHA DE AVALIAÇÃO FISIOTERAPÊUTICA TRAUMATO-ORTOPÉDICA**

**DATA:\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_**

1. **DADOS PESSOAIS** Nome:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Sexo:\_\_\_\_\_\_\_\_\_\_\_\_Endereço:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cidade/Estado:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Procedência(Naturalidade/Nacionalidade):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telefone para contato:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Data de nascimento\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_ Idade:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Profissão :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Escolaridade:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Diagnóstico Médico:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Diagnóstico Cinético-Funcional:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Realizou ou realiza tratamento Fisioterapêutico?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Peso:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Altura:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ IMC:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **ANAMNESE**

Queixa Principal

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HDA

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HPP

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Antecedentes Familiares

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Medicamentos em uso

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Historia Socioeconômica/ Hábitos e Vícios

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Exames Complementares

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Inspeção

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Sinais Vitais

PA\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FC\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FR\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

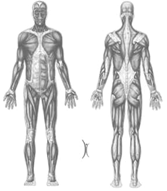
Palpação

Dor: Ausente ( ) Presente ( ) Obs:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Edema: Ausente ( ) Presente ( ) Sinal de Cacifo ( ) Obs:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

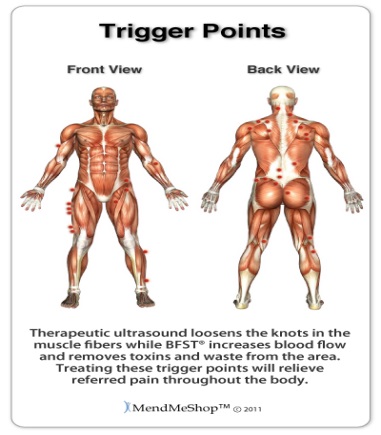
Temperatura: Normal ( ) Aumentada ( ) Diminuída ( )

Pontos gatilhos:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**III. EXAME FUNCIONAL**

**Dor**

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EVA:

Localização:

Tipo:

Fator agravante:

Mais acentuada: Manhã( ) Tarde( ) Noite ( )

**Localização / Irradiação da dor**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **AM Ativa** | | **AM Passiva** | | **Força (Oxford)** | |
| D | E | D | E | D | E |
| **CABEÇA** |  | | | | | |
| Flexão |  | |  | |  | |
| Extensão |  | |  | |  | |
| Inclinação lateral |  |  |  |  |  |  |
| Rotação |  |  |  |  |  |  |
| **MMSS** |  | | | | | |
| **Ombro** |  |  |  |  |  |  |
| Flexão |  |  |  |  |  |  |
| Extensão |  |  |  |  |  |  |
| Abdução |  |  |  |  |  |  |
| Adução |  |  |  |  |  |  |
| RI |  |  |  |  |  |  |
| RE |  |  |  |  |  |  |
| Add horizontal |  |  |  |  |  |  |
| Abd horizontal |  |  |  |  |  |  |
| **Cotovelo** |  |  |  |  |  |  |
| Flexão |  |  |  |  |  |  |
| Extenção |  |  |  |  |  |  |
| Pronação |  |  |  |  |  |  |
| Supinação |  |  |  |  |  |  |
| **Punho** |  |  |  |  |  |  |
| Flexão |  |  |  |  |  |  |
| Extensão |  |  |  |  |  |  |
| Desvio radial |  |  |  |  |  |  |
| Desvio ulnar |  |  |  |  |  |  |
| **Quadril** |  |  |  |  |  |  |
| Flexão |  |  |  |  |  |  |
| Extensão |  |  |  |  |  |  |
| Abdução |  |  |  |  |  |  |
| Adução |  |  |  |  |  |  |
| RI |  |  |  |  |  |  |
| RE |  |  |  |  |  |  |
| **Joelho** |  |  |  |  |  |  |
| Flexão |  |  |  |  |  |  |
| Extensão |  |  |  |  |  |  |
| **Tornozelo** |  |  |  |  |  |  |
| Dorsiflexão |  |  |  |  |  |  |
| Flexão Plantar |  |  |  |  |  |  |
| Inversão |  |  |  |  |  |  |
| Eversão |  |  |  |  |  |  |
| **COLUNA LOMBAR** |  | | | | | |
| Flexão |  | |  | |  | |
| Extensão |  | |  | |  | |
| Flexão Lateral |  |  |  |  |  |  |

**Perimetria**

|  |  |  |  |
| --- | --- | --- | --- |
| Local (Ponto de Referência) | cm | D | E |
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**Testes**

|  |  |  |
| --- | --- | --- |
| LOCAL TESTADO | TESTE | RESULTADO |
|  |  |  |
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OBSERVAÇÕES GERAIS

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CONCLUSÃO

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OBJETIVOS

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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CONDUTA

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ESTAGIÁRIO SUPERVISOR

**Instrumentos de avaliação adicionais utilizados**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FICHA DE EVOLUÇÃO**

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**FICHA DE EVOLUÇÃO**

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