

Hudson Valley Chiropractic Health Service, P.C.
108 Kenilworth Place
Brooklyn, NY 11210

Gait

☐ No deviation ☒ Visual Limp L/R ☒ Gait abnormally was presented as antalgic/ataxic ☐ uses cane
☐ needs cane ☐ needs crutch ☐ unable to walk on toes/heels

Ambulation

☐ Normal ☒ Pain ☒ Guarded ☐ Impaired ☐ Needs Assistance ☐ Wheelchair

NEUROLOGICAL TESTING

Sensation Hypoesthesia L R _____ WNL Hyperesthesia L R _____ WNL

Manual Myotomal Muscle Testing (Graded 0 to 5, 5 being normal) with/without Pain

C5: L 5 R 5 C6: L 5 R 5 C7: L 5 R 5 C8: L 5 R 5 T1: L 5 R 5
L1: L 5 R 5 L2: L 5 R 5 L3: L 5 R 5 L4: L 5 R 5 L5: L 5 R 5
S1: L 5 R 5

Muscle Strength Reflex (Graded +0 to +4, +2 being normal)

C5: L H R H C6: L H R H C7: L ___ R ___
L4: L H R H L5: L ___ R ___ S1: L ___ R ___

Dermatomal evaluation of C4 to T1 and L1 to S2 was normal bilaterally with the exception of:

Pathological, Abnormal Cerebellar and Dorsal Column Reflex were/were not present

ORTHOPEDIC EXAMINATION
CERVICAL & LUMBAR TESTS

Cervical Compression	Negative	Positive
Cervical Distraction	Negative	Positive
Maximum Foraminal Compression	Negative	Positive
Shoulder Depression	Negative	Positive L--R
Kemp's	Negative	Positive L--R
Ely's Test	Negative	Positive L--R
Braggards Test	Negative	Positive L--R
Yeoman's Test	Negative	Positive L--R
Linder's Sign/ Soto Hall	Negative	Positive
Bilateral Leg Raise	Negative	Positive