



THERAPRACTICS NECK EVALUATION

PATIENT: _____ DATE: _____

PATIENT #: _____ EMPLOYER: _____

DIAGNOSIS: _____ PHYSICIAN: _____

SUBJECTIVE HISTORY

AGE: ___ D.O.B.: _____ SEX: ___ OCCUPATION: _____ DATE OF INJURY: _____

MECHANISM OF INJURY: _____

GENERAL HEALTH: _____

PERTINENT SURGERIES / DATES: _____

MEDICATIONS: _____

PREVIOUS HISTORY / TREATMENT: _____

CHIEF COMPLAINT: _____

OBJECTIVE (Posture categories unchecked indicate WNL)

POSTURE: Lateral View: Fwd head/shlds C/S lordosis ___ Hypo ___ Hyper T/S kyphosis ___ Hypo ___ Hyper
 L/S lordosis ___ Hypo ___ Hyper Knees ___ Fwd ___ Back Body Lean ___ Fwd ___ Back Abdom. ___ Protuberant
Posterior View: Head tilt ___ (R) ___ (L) Shld/Scap high ___ (R) ___ (L) C/S Curve ___ (R) ___ (L)
 T/S Curve ___ (R) ___ (L) L/S Curve ___ (R) ___ (L) Iliac Crest High ___ (R) ___ (L) Genu ___ Varus ___ Valgus
 Achilles Tendon Bow ___ Inward ___ Outward Arm rotation ___ Internal ___ External

NATURE OF SYMPTOMS:

_____ intermittent _____ constant
_____ sharp _____ achy/dull
_____ radiating _____ localized
_____ throbbing _____ numbness
_____ headache _____ dizziness

SYMPTOMS ARE GETTING: _____ better _____ worse _____ stable

PAIN (0 – 10 scale, 0 = no pain): _____ now _____ at worst _____ at best

Pain aggravated by: _____

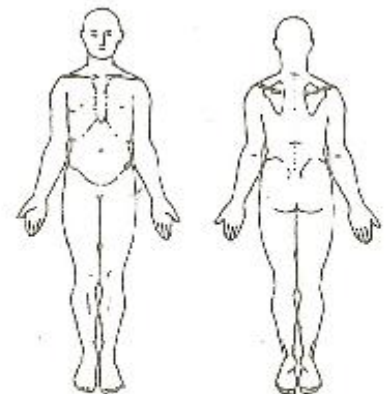
Pain eased by: _____

OBJECTIVE

FUNCTIONAL STATUS: Key: U = Unable A = Able D = Difficult

DRESSING/GROOMING _____ DRIVING _____

HOUSEHOLD ACTIVITIES _____ SLEEPING _____



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↓ ↑

Numbness
Major Pain
Associated Pain
Radiating Pain

SPECIAL TESTS:

RIGHT

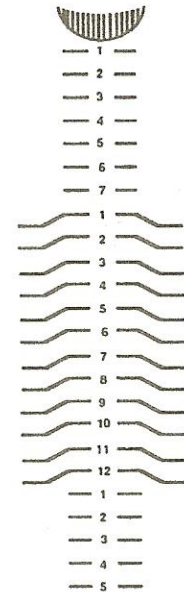
LEFT

VERTEBRAL ARTERY	<input type="checkbox"/> Pos. <input type="checkbox"/> Neg.	<input type="checkbox"/> Pos. <input type="checkbox"/> Neg.
C/S COMPRESSION	<input type="checkbox"/> Pos. <input type="checkbox"/> Neg.	<input type="checkbox"/> Pos. <input type="checkbox"/> Neg.
SHLD. DEPRESSION	<input type="checkbox"/> Pos. <input type="checkbox"/> Neg.	<input type="checkbox"/> Pos. <input type="checkbox"/> Neg.
C/S DISTRACTION	<input type="checkbox"/> Pos. <input type="checkbox"/> Neg.	

CERVICAL SPINE RANGE OF MOTION & STRENGTH (* = Pain)

CERVICAL SPINE MOTIONS:	R.O.M.	NECK STRENGTH
FORWARD BEND (45°)	°	/5
BACKWARD BEND (45°)	°	/5
SIDE BEND RIGHT (45°)	°	/5
SIDE BEND LEFT (45°)	°	/5
ROTATION RIGHT (60°)	°	/5
ROTATION LEFT (60°)	°	/5

PALPATION/CONDITION:



Key:
 X Tender
 ⊗ Centre Pain
 ≡ Spasm
 ||| Guarding
 ↓ Reflex Contr.

ACTIVE RANGE OF MOTION OF THE UPPER EXTREMITIES:

STRENGTH:

	RIGHT	LEFT
C 4 Upper Traps	/5	/5
C 5 Deltoids	/5	/5
C 5 Biceps	/5	/5
C 6 Wrist Extensors	/5	/5
C 7 Triceps	/5	/5
C 8 Thumb Extensors	/5	/5
T 1 Hand Intrinsic	/5	/5

REFLEXES:

	RIGHT	LEFT
C 5,6 Biceps		
C 7 Triceps		

Key: 0 = Absent 1+ = Diminished 2+ = Normal
 3+ = Increased 4+ = Clonus

GRIP STRENGTH: (R) _____ / _____ / _____ # (L) _____ / _____ / _____ #

Jamar Dynamometer #2. Perform 3 grips/hand. Dominant hand: ___(R)___(L)

PALPATION: _____

MAJOR PROBLEMS:

1. Pain Swelling Spasm _____
2. Decreased: ROM/Flexibility _____ Strength _____
3. Postural Deficits _____

GOALS:

1. Decrease: Pain Swelling Spasm _____
2. Increase: ROM/Flexibility _____ Strength _____
3. Improve Posture _____

PLAN:

1. Therapeutic Exercises _____
2. Soft Tissue Mobilization Joint Mobilization _____
3. Modalities PRN for: Pain Swelling Spasm control _____

FREQUENCY: _____ **DURATION:** _____