



# THERAPRACTICS

## NECK RE-EVAL

PATIENT: \_\_\_\_\_ DATE: \_\_\_\_\_

PATIENT #: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

DIAGNOSIS: \_\_\_\_\_ PHYSICIAN: \_\_\_\_\_

### GENERAL COMMENTS

Pain level & % improvement: \_\_\_\_\_

Since the Initial Eval. on \_\_\_\_\_ / Re-Eval. on \_\_\_\_\_ the patient has had \_\_\_\_\_ treatments.

The patient's physical therapy treatment program has consisted of: Ther. Exs. STM Jt. Mobs. IFC U.S. Other: \_\_\_\_\_

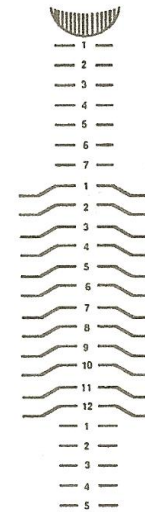
The patient has had a total of \_\_\_\_\_ treatments since the Initial Evaluation.

ASSESSMENT / OBJECTIVE PALPATION: \_\_\_\_\_

PALPATION/CONDITION:

#### 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



- Key:
- × Tender
  - ⊗ Centre Pain
  - ≡ Spasm
  - //// Guarding
  - ↓ Reflex Contr.

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

GRIP STRENGTH: RIGHT: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ # LEFT: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ #

(Jamar Dynamometer #2 performing 3 grips per hand) Dominant Hand: \_\_\_ RIGHT \_\_\_ LEFT

SUMMARY: The patient has made Good Fair Poor progress in physical therapy.

Additional comments: \_\_\_\_\_

Recommend that the patient be Discharged to a H.E.P. Continue with the following treatment plan:

Treatment Plan: Ther. Exs. STM Jt. Mobs. IFC U.S. Other: \_\_\_\_\_

Frequency: \_\_\_ x/wk. Duration: \_\_\_ wks.

\_\_\_\_\_  
R.P.T., D.C.