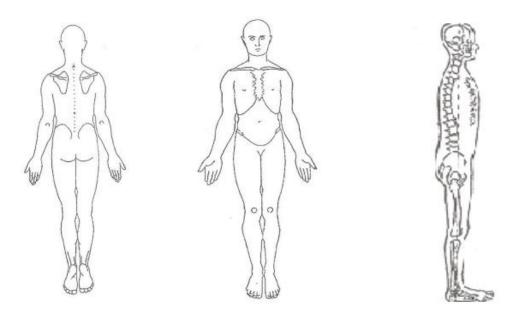
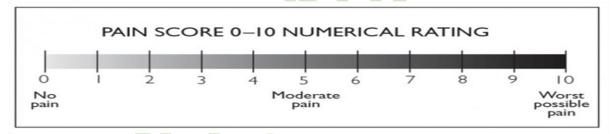
ORTHOPEDIC PHYSIOTHERAPY EVALUATION FORM

Age: Occupation: Address: Civil Status:	Gender: M/F Referred by: Phone Number: Registration Number: Diagnosis:	IP/OP
Chief Complaints:		
• Past Medical History:		
Personal History:		
Personal History:Family History:		
• Family History:		
Family History: Socioeconomic History:	Site:	
Family History:Socioeconomic History:Symptoms History:	Site: Duration:	

Mark on the body-chart deformities or joint anomalies, back deformities or anomalies, edema, shoulder subluxation etc.



• Pain Evaluation



• Vital Signs:

Temperature:	Heart Rate:
Blood Pressure:	Respiratory Rate:

II. Objective Examination

On Observation

Built:

Wasting:

Oedema:

Any bandages, Scars:

Attitude of the Limbs: Type of gait: Bony contours: Deformities:

•	On Palpation
	Tenderness
	D/F tissue tension and texture:

Spasm:

Type of Skin:

Scar:

Swelling:

Crepitus, Abnormal sounds:

• On Examinations

- 1. Motor Assessment
- Range of Motion (ROM)

Upper Limb

	1	opper =			
JOINT	MOVEMENT	ACTIVE	PASSIVE	END	LIMITATION
		RT/LT	RT/LT	FEEL	
	•				
SHOULDER					
SHOOLDER					
ELBOW					
FOREARM					
WRIST					
WKIST					
HANDS &					
FINGERS					
1	1	l .			

Lower Limb

JOINT	MOVEMENT	ACTIVE	PASSIVE	END	LIMITATION
		RT/LT	RT/LT	FEEL	
HIP					
KNEE					
ANKLE					
FOOT				X	

SPINE

JOINT	MOVEMENT A	CTIVE	PASSIVE	END	LIMITATION
				FEEL	
CERVICAL SPINE					
THORACIC SPINE					
LUMBAR SPINE					

Manual Muscle Testing (MMT)

UPPER LIMB

Muscles	Rt.	Lt.
SHOULDER		
Flexor		
Extensor		
Abductors		
Adductors		
External Rotators		
Internal Rotators		

ELBOW	
Flexors	
Extensors	
FOREARM	
Pronators	
Supinators	
WRISTS	
Flexors	
Extensors	
Radial Deviators	
Ulnar Deviators	
HAND	
Intrinsics	
Extrinsics	

LOWER LIMB

MUSCLES	Rt.	Lt.
HIP		
Flexors		
Extensors		
Abductors		
Adductors		
External Rotators		
Internal Rotators		
KNEE		
Flexors		
Extensors		
ANKLE		
Dorsiflexors		
Plantarflexors		
FOOT		
Invertors		
Evertors		
Intrinsics		
Extrinsics		

Trunk Flexors	
Trunk Extensors	
Trunk Side	
Flexors	
Trunk Rotators	

•	Resisted	Isometrics ((RI))
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MUSCLES	FINDINGS
Upper Limb	
Lower Limb	
Lower Linio	

Reflexes

	Reflex	Left	Right
SUPERFICIAL	Abdominal		
	Plantar		
DEEP	Biceps		
	Brachioradialis		
	Triceps		
	Knee		
	Ankle		

Muscle Girth

Area	Rt.(cm.)	Lt.(cm.)
Arm		
Forearm		
Thigh		
Calf		

Limb Length Discrepancies++++++

Side	Rt.(cm.)	Lt.(cm.)
True		
Apparent		

2. Sensory Assessment

Location	Up Extr	per emity		wer emity	Tr	unk	Comments
Sensation	Rt.	Lt	Rt.	Lt.	Rt.	Lt.	
Superficial	•	'				'	!
Pain							
Temperature							
Touch							
Pressure							
Deep							
Mov. Sense							
Pos. Sense							
Vibration							
Cortical	•	•					
Tactile Localization							
2 pt. discrimination							
Stereognosis							
Barognosis							
Graphesthesia							
Texture Recognition							
Double Simultaneous Stimulation							
Dermatomes							
Myotomes	C						

3. <u>Functional Assessment:</u> (The Functional Independence Measure)

Evaluation 1: Selfcare

Item 1. Food

Item 2. Care of appearance

Item 3. Hygiene

Item 4. Dressing upper body

Item 5. Dressing lower body

Evaluation 2: Sphincter control

Item 6. Control of bladder

Item 7. Control of bowel movements

Evaluation 3: Mobility

Item 8. Bed, chair, wheel chair

Item 9. To go to the toilets

Item 10. Bath-tub, shower

Evaluation 4: Locomotion

Item 11. Go, wheel chair

Item 12. Staircases

Evaluation 5: Communication

	n 13. Auditive comprehension	
	n 14. Verbal expression	
	luation 6: Social adjustment/cooperatio	
	n 15. Capacity to interact and to socially	y communicate
	16. Resolution of the problems	
Iten	n 17. Memory	
4.	<u>Gait Analysis</u>	
	Stance Phase:	Base Width:
	Swing Phase:	Cadence:
	Step Length:	Other:
	Stride Length:	
	Balance	
ı	Static	
	Sitting (With eyes open & closed)	
	Standing (With eyes open & closed)	
	Tandem Standing (With eyes open	
	&closed)	
1	Drmamia	
ı	Dynamic Reaching Activities	
	Pertubation	
	Tertubation	
6.	Hand Function	
0.		
	Reaching	
	Grasping	
	Releasing	
	Assisstive	
	Devices	
7.	<u>Coordination</u>	
	Non Equilibrium Tests Rt. Lt. Eq	uilibrium tests Grade
		10.

Non Equilibrium Tests	Rt.	Lt.	Equilibrium tests	Grade
Finger to nose			Standing: Normal Posture	
Finger opposition			Standing: Normal Posture with vision occluded	
Mass Grasp		1	Standing: Feet together	
Pronation/Supination			Standing on one foot	
Rebound test		1	Standing: Lateral trunk flexion	
Tapping (Hand)	+	1	Tandem walking	
Tapping (Foot)	+	+	Walk: Sideways	
Heel to knee	-	+	Walk: Backward	
	<u> </u>	ــــــ	Walk in a circle	
Drawing a circle(Hand)			Walk on heels	
Drawing a circle(Foot)			Walk on toes	

Tests		
Tests	Positive	Negative
10. <u>Problem List</u>		
IMPAIREME	NT FUNCTIONAL LIMITATION	<u>DISABILITY</u>
11. <u>Functional Diag</u>	<u>mosis</u>	
12. <u>Goals</u>	T	

Date: Physiotherapist's Name & Signature:		
Date: Physiotherapist's Name & Signature:	14. <u>Home Programme</u>	
Date: Physiotherapist's Name & Signature:		
Date: Physiotherapist's Name & Signature:		
	Date:	Physiotherapist's Name & Signature: