

NEUROLOGICAL PHYSIOTHERAPY EVALUATION FORM

NAME:	DATE:
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Age:	Gender: M/F	IP/OP
Occupation:	Referred by:	
Address:	Phone Number:	
Civil Status:	Registration Number:	
	Diagnosis:	

- Chief Complaints:

- Past Medical History:

- Personal History:

- Family History:

- Socioeconomic History:

- Symptoms History:

Side:	Site:
Onset:	Duration:
Type:	Severity:

Aggravating Factors:
Relieving Factors:

Objective Examination

a) ON OBSERVATION:

Attitude of limbs:

Built:

Posture:

Gait:

Pattern of Movement:

Mode of Ventilation:

Type/ Pattern of Respiration:

Oedema:

Muscle Wasting:

Pressure Sores:

Deformity:

Wounds:

External Appliances:

b) ON PALPATION

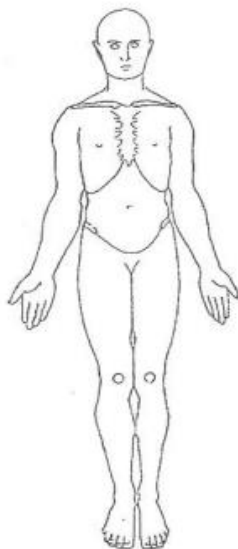
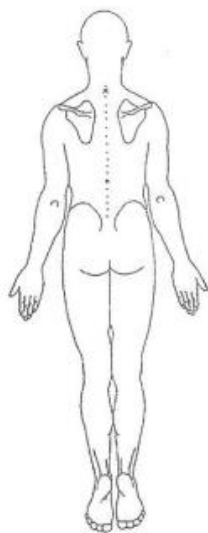
Warmth:

Tenderness:

Tone:

Swelling:

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



c) ON EXAMINATION
HIGHER MENTAL FUNCTIONS


Mini-Mental State Examination (MMSE)

Patient's Name: _____

Date: _____

Instructions: Ask the questions in the order listed.

Score one point for each correct response within each question or activity.

Maximum Score	Patient's Score	Questions
5		"What is the year? Season? Date? Day of the week? Month?"
5		"Where are we now: State? County? Town/city? Hospital? Floor?"
3		The examiner names three unrelated objects clearly and slowly, then asks the patient to name all three of them. The patient's response is used for scoring. The examiner repeats them until patient learns all of them, if possible. Number of trials: _____
5		"I would like you to count backward from 100 by sevens." (93, 86, 79, 72, 65, ...) Stop after five answers. Alternative: "Spell WORLD backwards." (D-L-R-O-W)
3		"Earlier I told you the names of three things. Can you tell me what those were?"
2		Show the patient two simple objects, such as a wristwatch and a pencil, and ask the patient to name them.
1		"Repeat the phrase: 'No ifs, ands, or buts.'"
3		"Take the paper in your right hand, fold it in half, and put it on the floor." (The examiner gives the patient a piece of blank paper.)
1		"Please read this and do what it says." (Written instruction is "Close your eyes.")
1		"Make up and write a sentence about anything." (This sentence must contain a noun and a verb.)
1		"Please copy this picture." (The examiner gives the patient a blank piece of paper and asks him/her to draw the symbol below. All 10 angles must be present and two must intersect.) 
30		TOTAL

CRANIAL NERVES

Nerves	Comments	Nerves	Comments
I - Olfactory		VII - Facial	
II - Optic		VIII - VestibuloCochlear	
III - Oculomotor		IX - Glossopharyngeal	
IV - Trochlear		X - Vagus	
V - Trigeminal		XI - Accessory	
VI - Abducent		XII - Hypoglossal	

- Sensory Assessment

Location	Upper Extremity		Lower Extremity		Trunk		Comments
	Rt.	Lt.	Rt.	Lt.	Rt.	Lt.	
Sensation							
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							

- Muscle Girth

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

- Voluntary Control

Side	Rt.	Lt.
Upper Limb		
Lower Limb		

- Range of Motion (ROM)

Upper Limb

JOINT	MOVEMENT	ACTIVE RT/LT	PASSIVE RT/LT	END FEEL	LIMITATION
SHOULDER					
ELBOW					
FOREARM					
WRIST					
HANDS & FINGERS					

Lower Limb

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

Spine

JOINT	MOVEMENT	ACTIVE	PASSIVE	END FEEL	LIMITATION
CERVICAL SPINE					
THORACIC SPINE					
LUMBAR SPINE					

- Limb Length Discrepancies

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

- Muscle Tone

Muscles	Rt.	Lt.	Muscles	Rt.	Lt.
Shoulder			Hip		
Flexors			Flexors		
Extensors			Extensors		
Abductors			Abductors		
Adductors			Adductors		
External Rotators			External Rotators		
Internal Rotators			Internal Rotators		
Elbow			Knee		
Flexors			Flexors		
Extensors			Extensors		
Forearm			Ankle		
Pronators			Dorsiflexors		
Supinators			Plantarflexors		
Wrist			Foot		
Flexors			Invertors		
Extensors			Evertors		
Radial Deviators			Intrinsics		
Ulnar Deviators			Extrinsics		
Hand					
Intrinsics					
Extrinsics					

- 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		

- Reflexes

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

Pathological

- Coordination

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

- Involuntary Movements

- Balance

Static

Sitting (With eyes open & closed)	
Standing (With eyes open & closed)	
Tandem Standing (With eyes open & closed)	

Dynamic

Reaching Activities	
Perturbation	

- Posture

Position	Frontal View	Sagittal View
Standing		
Sitting		
Lying		

- Gait Analysis

Stance Phase:	Base Width:
Swing Phase:	Cadence:
Step Length:	Other:
Stride Length:	

- Hand Function

Reaching	
Grasping	
Releasing	
Assistive Devices	

Systems Review:**INTEGUMENTARY SYSTEM**

Skin Status	
Pressure Sores	

RESPIRATORY SYSTEM

RS Status:	
Secretions:	
Pattern of breathing:	
Chest wall/Thoracic spine deformity:	

CARDIOVASCULAR SYSTEM

CVS Status:	
Deep Vein Thrombosis:	

MUSCULOSKELETAL SYSTEM

Contractures	
Subluxations	
Joint mobility	
Other pathology	

BLADDER & BOWEL FUNCTIONS

Incontinence	
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GASTROINTESTINAL SYSTEM

Status	
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AUTONOMIC SYSTEM

Vasomotor	
Pseudomotor	
Trophic Changes	
Postural Hypotension	
Reflex Sympathetic Dystrophy	

- Functional Assessment: (The Functional Independence Measure)

	ADMISSION*	DISCHARGE*	GOAL
SELF-CARE			
A. Eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Grooming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Bathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Dressing – Upper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Dressing – Lower	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Toileting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPHINCTER CONTROL			
G. Bladder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Bowel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TRANSFERS			
I. Bed, Chair, Wheelchair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. Toilet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Tub, Shower	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LOCOMOTION			
L. Walk/Wheelchair	<input type="checkbox"/>	W-Walk C-Wheelchair B-Both	<input type="checkbox"/>
M. Stairs	<input type="checkbox"/>	A-Auditory V-Visual B-Both	<input type="checkbox"/>
COMMUNICATION			
N. Comprehension	<input type="checkbox"/>	V-Vocal N-Nonvocal B-Both	<input type="checkbox"/>
O. Expression	<input type="checkbox"/>		<input type="checkbox"/>
SOCIAL COGNITION			
P. Social Interaction	<input type="checkbox"/>		<input type="checkbox"/>
Q. Problem Solving	<input type="checkbox"/>		<input type="checkbox"/>
R. Memory	<input type="checkbox"/>		<input type="checkbox"/>

- Investigations

- Problem List

<u>IMPAIREMENT</u>	<u>FUNCTIONAL LIMITATION</u>	<u>DISABILITY</u>

- Functional Diagnosis

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- Goals

Short Term Goals	
Long Term Goals	

- Treatment Plan

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- Home Programme

Date:

Physiotherapist's Name & Signature:

AARTI SUNDARAM