

PHYSIOTHERAPY ASSESSMENT FORMAT

➤ CASE SEEN BY:

CHIEF COMPLAINTS:

HISTORY OF ILLNESS:

PAIN ASSESSMENT:

VITALS:

- PULSE RATE:
- BLOOD PRESSURE:
- RESPIRATORY RATE:
- TEMPERATURE:

ON OBSERVATION:

- LOCAL SKIN INSPECTION:

- ATTITUDE OF LIMB:

- DEFORMITIES:

POSTURE EVALUATION:

- FRONTAL (ANTERIOR & POSTERIOR):

- SAGGITTAL (RIGHT & LEFT):

GAIT ANALYSIS:

- SPATIAL PARAMETERS:

- TEMPORAL PARAMETERS:

ON EXAMINATION:

- ON PALPATION:
 - o TENDERNESS:

 - o MUSCLE SPASM:

 - o MYOFASCIAL TRIGGER POINTS:

- ON AUSCULTATION:

SENSORY EXAMINATION:

- SUPERFICIAL SENSATIONS:

- DEEP SENSATIONS:

- CORTICAL SENSATIONS:

MOTOR EXAMINATION:

- AROM:

- PROM:

- ENDFEEL:

- MUSCLE TONE:

- REFLEX ASSESSMENT:
 - SUPERFICIAL REFLEXES:
 - DEEP REFLEXES:
- FLEXIBILITY EVALUATION:
- MUSCLE STRENGTH TESTING:
- MUSCLE ENDURANCE TESTING:
- BALANCE & CO-ORDINATION EVALUATION:

FUNCTIONAL & MOVEMENT ANALYSIS:

SYMPTOM PROVOCATION TESTS:

RADIOLOGICAL INVESTIGATIONS:

DIAGNOSIS WITH ICF CODING:

GOALS AND PHYSIOTHERAPY MANAGEMENT:

PATIENT'S PROGRESS NOTES: