**Physical Therapy Initial Examination**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** | **DOB:** | **Admit date:** | **MR #:** |
| **Gender Identity:** | **Race:** | **Evaluation date:** | **Hand dominance:** |
| **History of present illness:** | | | |
| **Past medical/surgical history:** | | | |
| **Precautions:** | | | |
| **Social History:** | | | |
| **Employment/work/school:** | | | |
| **Prior level of function:** | | | |
| **Living situation/environmental barriers:** | | | |
| **Family history:** | | | |
| **Medications:** | | | |
| **Allergies:** | | | |
| **Pertinent lab values:** | | | |
| **Pertinent imaging or other test results:** | | | |
| **Pain:** | | | |
| **Patient goals:** | | | |
| **Systems Review** | |  | |
| **Cardiovascular** | | **Pulmonary** | |
| **Endocrine** | | **Hearing/vision** | |
| **Genitourinary** | | **Gastrointestinal** | |
| **Hematologic/lymphatic** | | **Integumentary** | |
| **Musculoskeletal** | | **Neurologic** | |
| **Immunologic** | | **Psychiatric/psychosocial** | |

**OBJECTIVE EXAMINATION**

**NEUROMUSCULOSKELETAL**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **PROM** | **LEFT** | **RIGHT** |  | **STRENGTH/MOTOR CONTROL** | **LEFT** | **RIGHT** |
| **Shoulder Flexion** |  |  |  | **Shoulder Flexion** |  |  |
| **Shoulder Extension** |  |  |  | **Shoulder Extension** |  |  |
| **Shoulder Abduction** |  |  |  | **Shoulder Abduction** |  |  |
| **Shoulder Adduction** |  |  |  | **Shoulder Adduction** |  |  |
| **Shoulder Ext Rotation** |  |  |  | **Shoulder Ext Rotation** |  |  |
| **Shoulder Int Rotation** |  |  |  | **Shoulder Int Rotation** |  |  |
| **Elbow Flexion** |  |  |  | **Elbow Flexion** |  |  |
| **Elbow Extension** |  |  |  | **Elbow Extension** |  |  |
| **Elbow Pronation** |  |  |  | **Elbow Pronation** |  |  |
| **Elbow Supination** |  |  |  | **Elbow Supination** |  |  |
| **Wrist Flexion** |  |  |  | **Wrist Flexion** |  |  |
| **Wrist Extension** |  |  |  | **Wrist Extension** |  |  |
| **Finger Flex** |  |  |  | **Finger Flex** |  |  |
| **Finger Ext** |  |  |  | **Finger Ext** |  |  |
| **Hip Flexion** |  |  |  | **Hip Flexion** |  |  |
| **Hip Extension** |  |  |  | **Hip Extension** |  |  |
| **Hip Internal Rotation** |  |  |  | **Hip Internal Rotation** |  |  |
| **Hip External Rotation** |  |  |  | **Hip External Rotation** |  |  |
| **Hip ABDuction** |  |  |  | **Hip ABDuction** |  |  |
| **Hip ADDuction** |  |  |  | **Hip ADDuction** |  |  |
| **Knee Flexion** |  |  |  | **Knee Flexion** |  |  |
| **Knee Extension** |  |  |  | **Knee Extension** |  |  |
| **Ankle Dorsiflexion** |  |  |  | **Ankle Dorsiflexion** |  |  |
| **Ankle Plantarflexion** |  |  |  | **Ankle Plantarflexion** |  |  |
| **Ankle Inversion** |  |  |  | **Ankle Inversion** |  |  |
| **Ankle Eversion** |  |  |  | **Ankle Eversion** |  |  |
| Comments (ie. departure from gold standard positions, pain, etc.): | | | | | | |

**SENSATION (I=intact, A=absent, NT=not tested, or % of impairment)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **LUE** | **RUE** | **LLE** | **RLE** | **Comments** |
| Light touch |  |  |  |  |  |
| Sharp/Dull |  |  |  |  |
| Temperature |  |  |  |  |
| Proprioception |  |  |  |  |

**COORDINATION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **LUE** | **RUE** | **LLE** | **RLE** | **Comments** |
| Normal |  |  |  |  |  |
| Impaired |  |  |  |  |  |

**TONE**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **LUE** | **RUE** | **LLE** | **RLE** | **Comments** |
| Normal |  |  |  |  |  |
| Hypontonic |  |  |  |  |  |
| Hypertonic |  |  |  |  |  |

**FUNCTIONAL ACTIVITIES**

|  |  |  |  |
| --- | --- | --- | --- |
| **Activity** | **Devices** | **Level of Assist** | **Comments** |
| Rolling R/L |  |  |  |
| Supine↔Sit |  |  |  |
| Sit↔Stand |  |  |  |
| Transfers |  |  |  |
| Ambulation |  |  |  |
| Stairs |  |  |  |
| W/C mobility |  |  |  |

**Balance and Posture (level of assist, time factors, devices needed, cueing)**

|  |  |  |
| --- | --- | --- |
|  | **Static** | **Dynamic** |
| Sitting |  |  |
| Standing |  |  |
| Comments |  | |

**Impairment Problem List (use to formulate evaluation/assessment):**

**Functional Problem List (use to formulate evaluation/assessment):**

**Participation Problem List (use to formulate evaluation/assessment):**

**Potential barriers/facilitators that impact prognosis:**

**Justification for skilled PT (this should be the last line of the evaluation/assessment):**

**EVALUATION/ASSESSMENT:**

**Goals**

**STG:**

|  |
| --- |
|  |

**LTG:**

|  |
| --- |
|  |

**PLAN**

**Frequency/Duration/Intensity:**

**Planned interventions:**

**Equipment/Positioning needs:**

**Collaboration with team/referrals:**

**Patient/Family Education:**

**Plan for discharge:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

**Therapist signature and credentials Date Time**