

# Physical Therapy Initial Examination

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

# OBJECTIVE EXAMINATION

## NEUROMUSCULOSKELETAL

<u>PROM</u>	LEFT	RIGHT		<u>STRENGTH/MOTOR CONTROL</u>	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		

<b>Ankle Plantarflexion</b>				<b>Ankle Plantarflexion</b>		
<b>Ankle Inversion</b>				<b>Ankle Inversion</b>		
<b>Ankle Eversion</b>				<b>Ankle Eversion</b>		
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					

**STONE**

	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:**

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**Therapist signature and credentials**

**Date**

**Time**