

Physiotherapy Assessment – Manual Therapy

Participant: _____ Study number: _____

Date: _____

TELEPHONE:

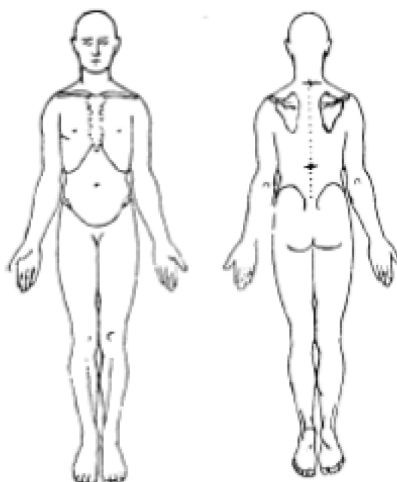
Home: _____ Work/Mobile: _____

DIAGNOSIS: _____

Patient Sticker	Physiotherapist:..... Signature: Date:
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Present Condition: Worsening Unchanging Improving
 Location of pain _____
 Constant Intermittent
 Nature _____

History of Present Condition:



SYMPTOMS	AGGRAVATING	EASING

Patient Sticker	Physiotherapist:..... Signature: Date:
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24 hour pattern:

<p>Morning</p>	<p>During day</p>	<p>Night: Disturbed sleep? Y <input type="checkbox"/> N <input type="checkbox"/> Reason: Sleep position:</p>
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Drug History (Tick if taking):

Osteoporosis medications _____

Anticoagulants _____ Pain relief _____

Other medications _____

Past Medical History:

General health description: _____ Heart _____

Allergy (esp to tape or massage lotions) Smoke Alcohol

Cauda Equina

Past illness _____

Past surgery _____

Consideration to communication:

e.g hearing difficulties _____ visually impaired _____

Social History: Living alone Lives with others _____

<p>Patient Sticker</p>	<p>Physiotherapist:.....</p> <p>Signature:</p> <p>Date:</p>
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Working _____ Retired _____

Dependents _____

MOBILITY ASSESSMENT: Circle relevant level of function

Walking distance	Stairs	Aid Use
Unlimited	Normal (reciprocal)	None
500m-1km	One step at a time	Stick outdoors
100-500m	Down with rail	Stick always
<100m	Up & down with rail	2 sticks
Housebound	Unable down	2 Crutches
Unable	Unable	Walking frame Wheeled walker

Falls History (Note if any recent/new falls)

Expectations of physiotherapy:

Aims of Physiotherapy:

Patient Sticker	Physiotherapist:..... Signature: Date:
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Objective Assessment:

General observations (including posture, skin integrity, ability to lie prone etc)

Neurological testing if indicated:
 Reflexes - NAD Myotomes – NAD Dermatomes – NAD
 Anomalies found _____

Active Range of movement:	In sitting	In standing
Lumbar spine	Flexion: Extension: Side Flexion: Rotation:	

Patient Sticker	Physiotherapist:..... Signature: Date:
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Shoulders		
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Palpation – note spasm, trigger points, allodynia and hyperalgesia

Passive Accessory Range of movement: PAIVM: Performed as indicated from active movement assessment. Please document position of participant.

Thoracic Level	PAIVM			Ax findings
	PA - Spinous	PA - Right	PA - Left	
1				
2				
3				
4				
5				
6				
7				
8				
9				

Patient Sticker	Physiotherapist:..... Signature: Date:
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10				
11				
12				
Lumbar Level				
L1				
L2				
L3				
L4				
L5				

Other:

Patient Sticker	Physiotherapist:..... Signature: Date:
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Analysis:
Known osteoporosis affecting thoracic level _____
Possible dysfunction occurring at _____
Irritability: Nil Moderate High
Considerations to manual therapy and treatment (e.g.: unable to lie prone, shoulder pathology, taking anticoagulants, allergy to tape/lotions)

Patient Sticker	Physiotherapist:..... Signature: Date:
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