

## Back and Lower Extremity Examination

Patient's Name: \_\_\_\_\_ Date: \_\_\_\_\_

### Physical Examination:

General physical examination showed \_\_\_\_\_ year old, well / poorly / under / over / normally developed, Caucasian / Hispanic / Asian / African American / other \_\_\_\_\_, male / female / adult / teenager / child in no / mild / moderate / severe distress.

Body Shape: well proportioned / thin / slender / husky / overweight.

Posture: good / fair / poor / stooped / antalgic / forward head.

Gait: normal / guarded / limped / irregular / needs assistance to walk / unable to walk.

Movements: normal / restrictive / stiff / slow / guarded with or without great / some / no difficulty.

The patient was alert / drowsy / oriented / disoriented to time, place, person and/or situation.

### General Data:

Weight: \_\_\_\_\_ Height: \_\_\_\_\_ Temp: \_\_\_\_\_ Respiration: \_\_\_\_\_

Pulse Rate: \_\_\_\_\_ Right handed / Left handed

Blood Pressure: Left arm: \_\_\_\_\_ Right arm: \_\_\_\_\_

### Temporomandibular Joint Disorders:

Prior to this accident:

After this accident:

_____	Difficulty opening the mouth?	_____
_____	Audible noises from the jaw joints?	_____
_____	Does the jaw get "stuck" or "locked"?	_____
_____	Pain about the ears or cheeks?	_____
_____	Pain chewing / yawning or wide opening?	_____
_____	Does the bite feel uncomfortable or unusual?	_____
_____	History of loose teeth?	_____

Facial symmetry? \_\_\_\_\_ Jaw movements? \_\_\_\_\_

Lateral deviation of the jaw? \_\_\_\_\_ Crepitus? \_\_\_\_\_

Palpatory tenderness? \_\_\_\_\_ Clicking? \_\_\_\_\_

Other: \_\_\_\_\_

Cranial nerve examination: \_\_\_\_\_

### STANDING:

#### Inspection / Palpation / Percussion

#### Inspection:

Posture: Normal/Lordosis/Kyphosis/Scoliosis (type) \_\_\_\_\_

Present after forward bending? \_\_\_\_\_

Scars, lacerations, hematoma or ecchymosis? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Patient's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Heel Walking: \_\_\_\_\_ Toe Walking: \_\_\_\_\_ Forward Bending: \_\_\_\_\_ Supported forward bending: \_\_\_\_\_

Trendelenberg: \_\_\_\_\_ Squat and Rise: \_\_\_\_\_ Vertebral percussion of the spine \_\_\_\_\_

**Palpation:**

Tenderness: (+1:Patient states that the area is mildly tender - annoying;+2:Patient states that the area is moderately tender; +3:Patient complains of considerable tenderness and withdraws momentarily in response to the test pressure; +4:Patient complains of severe tenderness, and withdraws immediately in response to test pressure, and is unable to bear sustained pressure.)

Lumbar spine: \_\_\_\_\_ Radiation?: \_\_\_\_\_

Paravertebral musculature: \_\_\_\_\_

Sciatic notch: \_\_\_\_\_ Posterior thigh: \_\_\_\_\_ Posterior calf: \_\_\_\_\_

**Muscle Tone:** (Normal:0; +1:Sustained muscle contraction with mild resistance to passive motion in any direction; +2:Sustained muscle contractions with moderate resistance to passive motion in any direction with some restriction in motion; +3:Muscle rigidity with complete resistance to passive motion in some direction; +4: Spasm triggered by/with movement or external irritation, e.g., probing on movement triggers a muscle contraction; +5: Exists in/with absence of movement or external irritation, e.g., muscle contracture; observable and often causes antalgic posture or listing.)

**Trigger/Myofascial Points:** (Active, Latent, Satellite and location)

**Lumbosacral Ranges of Motions: (with location of pain)**

	ROM	Pain
Flexion (0-90)	Range _____ Lacks _____ cm/inches from fingertips to floor with Pain? _____	
Extension (0-30)	Range _____	_____
R. Lateral Flexion (0-30)	Range _____	_____
L. Lateral Flexion (0-30)	Range _____	_____
R. Rotation (0-30)	Range _____	_____
L. Rotation (0-30)	Range _____	_____

P.S.I.S. Levels: Level \_\_\_\_\_ Superior \_\_\_\_\_ Inferior \_\_\_\_\_

**SITTING:**

Straight Leg Raising: Right \_\_\_\_\_ Left \_\_\_\_\_  
Kemp's Test for disc protrusion: Right \_\_\_\_\_ Left \_\_\_\_\_  
Sitting Flexion Test: Right \_\_\_\_\_ Left \_\_\_\_\_

**Reflexes** (0:No response; 1+:Hyporeflexia; 2+: Normal; 3+: Hyperreflexia; 4+: Hyperreflexia with transient clonus; 5+: Hyperreflexia with intermittent or sustained clonus)

Patella reflex (L4) Right \_\_\_\_\_ Left \_\_\_\_\_  
Achilles reflex (S1) Right \_\_\_\_\_ Left \_\_\_\_\_  
Babinski Right \_\_\_\_\_ Left \_\_\_\_\_

Patient's Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Sensation: (dermatomes)**

Touch \_\_\_\_\_

Pinprick \_\_\_\_\_

Temperature \_\_\_\_\_

Vibration \_\_\_\_\_

Light Touch \_\_\_\_\_

**SUPINE:**

Leg length:(anterior superior iliac spine to medial malleolus) Right \_\_\_\_\_ cm/in Left \_\_\_\_\_ cm/in

Apparent leg length: (umbilicus to medial malleolus) Right \_\_\_\_\_ cm/in Left \_\_\_\_\_ cm/in

**Lower Extremity Girth Measurements**

Measurement of Thighs:

3" above patellar: Right \_\_\_\_\_ cm/in Left \_\_\_\_\_ cm/in

6" above patellar: Right \_\_\_\_\_ cm/in Left \_\_\_\_\_ cm/in

Measurement of Calves:

6" below patellar: Right \_\_\_\_\_ cm/in Left \_\_\_\_\_ cm/in

**Orthopedic Tests and Signs:**

Straight leg raising: (range in degrees) Right \_\_\_\_\_ Left \_\_\_\_\_

Lasegue's sign: Right \_\_\_\_\_ Left \_\_\_\_\_

Braggard's sign: Right \_\_\_\_\_ Left \_\_\_\_\_

Milgram's test (herniated disc): Right \_\_\_\_\_ Left \_\_\_\_\_

Patrick (Fabere's): Right \_\_\_\_\_ Left \_\_\_\_\_

Facet sign \_\_\_\_\_

Gaenslen's test: Right \_\_\_\_\_ Left \_\_\_\_\_

Sacroiliac joint compression test: Right \_\_\_\_\_ Left \_\_\_\_\_

Pelvic rock method: Right \_\_\_\_\_ Left \_\_\_\_\_

Sacroiliac joint gapping: Right \_\_\_\_\_ Left \_\_\_\_\_

Thomas test: Right \_\_\_\_\_ Left \_\_\_\_\_

Knee to chest test: Right \_\_\_\_\_ Left \_\_\_\_\_

Goldwaith's test: Right \_\_\_\_\_ Left \_\_\_\_\_

Neck flexion test: Right \_\_\_\_\_ Left \_\_\_\_\_

Beevor's sign: Right \_\_\_\_\_ Left \_\_\_\_\_

Supine ASIS levels: Level \_\_\_\_\_ Superior \_\_\_\_\_ Inferior \_\_\_\_\_

Tarsal tunnel compression test: \_\_\_\_\_

**Pulses of the Lower Extremities:** (0 absent, + diminished, ++ normal, +++ increased)

Dorsipedal \_\_\_\_\_ Popliteal \_\_\_\_\_ Posterior tibial \_\_\_\_\_

**SIDE:**

Obers Test \_\_\_\_\_

Patient's Name: \_\_\_\_\_

Date: \_\_\_\_\_

**PRONE:**

Sciatic notch tenderness: Right \_\_\_\_\_ Left \_\_\_\_\_  
 Back hyperextension with push-up: Degree \_\_\_\_\_ Pain \_\_\_\_\_  
 Knee flexion: Right \_\_\_\_\_ Left \_\_\_\_\_  
 Passive hip extension: Right \_\_\_\_\_ Left \_\_\_\_\_  
 P.S.I.S. Levels: Level \_\_\_\_\_ Superior \_\_\_\_\_ Inferior \_\_\_\_\_  
 Sacral Sulcus: \_\_\_\_\_ ILA levels: \_\_\_\_\_  
 Prone internal rotation of hips: \_\_\_\_\_ Prone external rotation of hips: \_\_\_\_\_

**Sacral Dermatomes: (S3, S4, S5)**

Light Touch \_\_\_\_\_ Pinprick: \_\_\_\_\_ Numbness: \_\_\_\_\_

**Lower Extremity – Range of Motion / Muscle Strength**

	Active ROM		Passive ROM		Strength	
	Left	Right	Left	Right	Left	Right
<b>Hip:</b>						
Flexion (L1,2,3) (0-110)	_____	_____	_____	_____	_____	_____
Extension (S1) (0-30)	_____	_____	_____	_____	_____	_____
Abduction (L5) (0-50)	_____	_____	_____	_____	_____	_____
Adduction (L2,3,4) (0-30)	_____	_____	_____	_____	_____	_____
Int. Rotation (0-35)	_____	_____	_____	_____	_____	_____
Ext. Rotation (0-50)	_____	_____	_____	_____	_____	_____
<b>Knee:</b>						
Flexion (0-135)	_____	_____	_____	_____	_____	_____
Extension (0-180)	_____	_____	_____	_____	_____	_____
<b>Ankle:</b>						
Dorsiflexion (0-15)	_____	_____	_____	_____	_____	_____
Plantar flexion (0-50)	_____	_____	_____	_____	_____	_____
Inversion (0-35)	_____	_____	_____	_____	_____	_____
Eversion (0-20)	_____	_____	_____	_____	_____	_____
<b>MTP Joints:</b>						
Flexion	_____	_____	_____	_____	_____	_____
Extension	_____	_____	_____	_____	_____	_____
Abduction	_____	_____	_____	_____	_____	_____
Adduction	_____	_____	_____	_____	_____	_____
<b>Toes:</b>						
Flexion H.L. (0-25)	_____	_____	_____	_____	_____	_____
Extension H.L. (0-40)	_____	_____	_____	_____	_____	_____

Nerve Root	Dermatome	Muscle	Reflex
L4	Medial leg and medial great toe	Knee Extensors	Patellar
L5	Lateral leg and top of foot	Ankle and Hip Extensors	
S1	Lateral foot	Ankle Flexors	Achilles