

LOWER EXTREMITY- PHYSICAL THERAPY EVALUATION CHECKLISTS

HIP EVALUATION

- MOI/Onset**
 - Sudden/Gradual
 - Acute/Rep. Motion
 - Mvmnt: _____
- Pain**
 - Locat/Descr: _____
 - Intensity: ____/10
 - Freq/Durat: _____
(constant/periodic/occasional)
 - Agg: _____ Ease: _____
 - N/T Radiating
- Systems Review/Screen Ques**
 - Meds/Doctor/Imaging
 - PMH/ROS: _____
 - Red Flags? _____
 - Act/Part/Goal: _____
- Observation/Posture**
 - Gait Observation: _____
 - LE/Foot Posture: _____
- Neuro Screen/LE N. Tension**
- Clear Joint Above/Below**
- AROM- Functional**
 - Squat- DL, SL
 - SLS- EO/EC
 - Hop, Step Up
- MMT**
 - Flex/Ext
 - Abd/Add
 - IR/ER
 - Pain Response: _____
- PROM**
 - Flex/Ext
 - Abd/Add
 - IR/ER
 - Pain Response: _____
- Joint Play**
 - Scour/Quadrant
- Special Tests**
 - FABER, FADIR
 - Thomas', SLR
- Palpation**
 - Bony landmarks
 - Muscle/Tendon
 - Ligament/Inert
- Differential Dxs:**
 1. _____
 2. _____
 3. _____

LOWER EXTREMITY- PHYSICAL THERAPY EVALUATION CHECKLISTS

KNEE EVALUATION

- MOI/Onset**
 - Sudden/Gradual
 - Acute/Rep. Motion
 - Mvmnt: _____
- Pain**
 - Locat/Descr: _____
 - Intensity: ____/10
 - Freq/Durat: _____
(constant/periodic/occasional)
 - Agg: _____ Ease: _____
 - N/T Radiating
- Systems Review/Screen Ques**
 - Meds/Doctor/Imaging
 - PMH/ROS: _____
 - Red Flags? _____
 - Act/Part/Goal: _____
- Observation/Posture**
 - Gait Observation: _____
 - LE/Foot Posture: _____
- Neuro Screen/LE N. Tension**
- Clear Joint Above/Below**
- AROM- Functional**
 - Squat- DL, SL
 - SLS- EO/EC
 - Hop, Step Up
- MMT**
 - Flex/Ext
 - Pain Response: _____
- PROM**
 - Flex/Ext
 - Pain Response: _____
- Joint Play**
 - Patellar Mobility
 - Prox Tib-Fib Mobility
 - Tibiofemoral-AP glides
- Special Tests**
 - Ligament Tests
 - Meniscus Tests
 - PFPS Tests
- Palpation**
 - Bony landmarks
 - Muscle/Tendon
 - Ligament/Inert
 - HS Nodule/Baker's Cyst?
- Differential Dxs:**
 1. _____
 2. _____
 3. _____

ANKLE & FOOT EVALUATION

- MOI/Onset**
 - Sudden/Gradual
 - Acute/Rep. Motion
 - Mvmnt: _____
- Pain**
 - Locat/Descr: _____
 - Intensity: ____/10
 - Freq/Durat: _____
(constant/periodic/occasional)
 - Agg: _____ Ease: _____
 - N/T Radiating
- Systems Review/Screen Ques**
 - Meds/Doctor/Imaging
 - PMH/ROS: _____
 - Red Flags? _____
 - Act/Part/Goal: _____
- Observation/Posture**
 - Gait Observation: _____
 - LE/Foot Posture: _____
- Neuro Screen/LE N. Tension**
- Clear Joint Above/Below**
- AROM- Functional**
 - Squat/SLS
 - U/L Heel Raises
 - DF/PF/Inv/Ever
 - Hop, Step up
- MMT**
 - DF Inv/DF Ever
 - PF Inv/PF Ever
- PROM**
 - DF/PF/Inv/Ever
 - GT Ext
- Joint Play**
 - Talocrural Jt.
 - Subtalar Jt.
 - Midtarsal Jt.
- Special Tests**
 - Ligament Tests
 - Ottawa Ankle Rules/fx test
- Palpation**
 - Bony landmarks
 - Muscle/Tendon
 - Ligament/Inert
 - Nodule at Achilles'?
- Differential Dxs:**
 1. _____
 2. _____
 3. _____