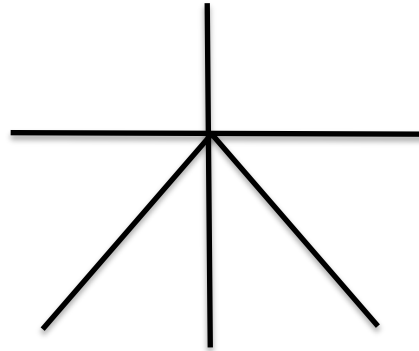


SPINE, SI JOINT, TMJ- PHYSICAL THERAPY EVALUATION CHECKLISTS

SI JOINT EVALUATION

- MOI/Onset**
 - Sudden/Gradual
 - Acute/Rep. Motion
 - Mvmnt: _____
- Pain**
 - Locat/Descr: _____
 - Intensity: ____/10
 - Freq/Durat: _____
(constant/periodic/occasional)
 - Agg: _____ Ease: _____
 - Sit/Stand/Walk: _____
 - N/T Radiating
- Systems Review/Screen Ques**
 - Meds/Doctor/Imaging
 - PMH/ROS: _____
 - Red Flags? _____
(B & B, saddle sign, night pain)
 - Act/Part/Goal: _____
- Observation/Posture**
- LE Neuro Screen/Neurodyn.**
- Clear Joint Above/Below**
- AROM in Standing**
 - Flex in Stand
 - Rep Flex in Stand (10x)
 - Pain Response: ____
 - Ext in Stand
 - Rep Ext in Stand (10x)
 - Pain Response: ____
 - SB R/L in Stand (5x ea)
 - Pain Response: ____
- Joint Play**
 - SI Joint PA Mobs
(Nutation/PA Sacrum/Counternut.)
 - SI Joint U/L Mobs
- Special Tests**
 - Flex in Standing
 - Stork/Gillet
 - Compression/Gapping
 - Thigh thrust, Gaenslen's
- Palpation**
 - SI jt/Piriformis/SacTub lig.
- Differential Dx:**
 1. _____
 2. _____
 3. _____

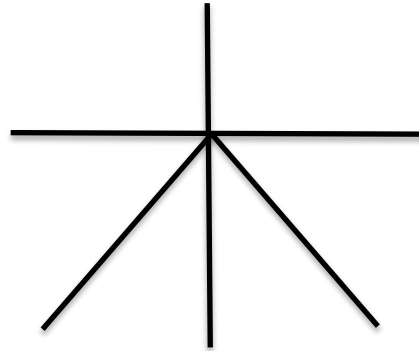
Range of Motion Diagram:



LUMBAR SPINE EVALUATION

- MOI/Onset**
 - Sudden/Gradual
 - Acute/Rep. Motion
 - Mvmnt: _____
- Pain**
 - Locat/Descr: _____
 - Intensity: ____/10
 - Freq/Durat: _____
(constant/periodic/occasional)
 - Agg: _____ Ease: _____
 - Sit/Stand/Walk: _____
 - N/T Radiating
- Systems Review/Screen Ques**
 - Meds/Doctor/Imaging
 - PMH/ROS: _____
 - Red Flags? _____
(B & B, saddle sign, night pain)
 - Act/Part/Goal: _____
- Observation/Posture**
- LE Neuro Screen/Neurodyn.**
- Clear Joint Above/Below**
- AROM in Standing**
 - Flex in Stand
 - Rep Flex in Stand (10x)
 - Pain Response: ____
 - Ext in Stand
 - Rep Ext in Stand (10x)
 - Pain Response: ____
 - SB R/L in Stand (5x ea)
 - Pain Response: ____
- AROM in Lying (sup/prone)**
 - Flex in Sup
 - Rep Flex in Sup (10x)
 - Pain Response: ____
 - Ext in Prone
 - Rep Ext in Prone (10x)
 - Pain Response: ____
- Joint Play**
 - CPAs and UPAs
- Special Tests**
 - TA/Mutlifidi activation
 - SLR/Slump/Quadrants
 - Prone instab/Spondy tests
- Palpation**
 - Bone/Muscle/Inert
- Differential Dxs:**
 1. _____
 2. _____

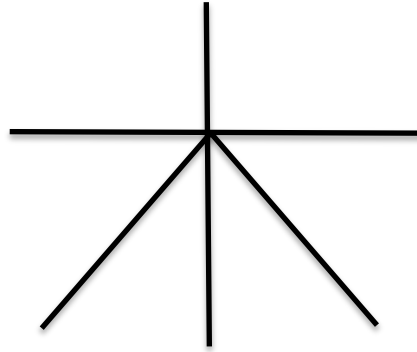
Range of Motion Diagram:



THORACIC SPINE EVALUATION

- MOI/Onset**
 - Sudden/Gradual
 - Acute/Rep. Motion
 - Mvmnt: _____
- Pain**
 - Locat/Descr: _____
 - Intensity: ____/10
 - Freq/Durat: _____
(constant/periodic/occasional)
 - Agg: _____ Ease: _____
 - Sit/Stand/Walk: _____
 - N/T Radiating
- Systems Review/Screen Ques**
 - Meds/Doctor/Imaging
 - PMH/ROS: _____
 - Red Flags? _____
(B & B, saddle sign, HAs)
 - Act/Part/Goal: _____
- Observation/Posture**
- Neuro Screens/Neurodyn.**
- Clear Joint up/down (+RIBS)**
- AROM in Standing vs. Sitting:**
 - Flex in Stand/Sit
 - Rep Flex in Stand/Sit (10x)
 - Pain Response: ____
 - Ext in Stand/Sit
 - Rep Ext in Stand/Sit (10x)
 - Pain Response: ____
 - *Rot R/L in Sit (5x ea)
 - Pain Response: ____
 - *Diagonal Ext Pattern
 - Pain Response: ____
- Joint Play**
 - CPAs & UPAs, Rib Mobility
- Special Tests**
 - Rib Assessment
 - Muscle length tests
 - Scap mm MMTs
- Palpation**
 - Bone/Muscle/Inert
- Differential Dxs:**
 1. _____
 2. _____
 3. _____

Range of Motion Diagram:

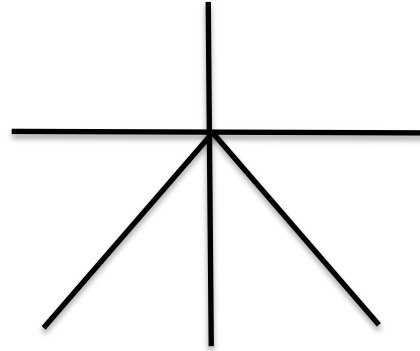


SPINE, SI JOINT, TMJ- PHYSICAL THERAPY EVALUATION CHECKLISTS

CERVICAL SPINE 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? _____
(B & B, saddle sign, HAs) HA ques
 - Act/Part/Goal: _____
- Observation/Posture**
- UE Neuro Screen/ULTTs**
- Clear Joint Above/Below**
 - TMJ/Shoulder Screen
- AROM in Sitting**
 - AROM Chin-Tuck: Y/N
 - Flex in Sitting
 - Rep Flex in Sitting (10x)
 - Pain Response: ____
 - Ext in Sitting
 - Rep Ext in Sitting (10x)
 - Pain Response: ____
 - Rotation R/L in Sit
 - Pain Response: ____
 - SB R/L in Sit
 - Pain Response: ____
- Joint Play**
 - PAs/UPAs/UGs/DGs/OA
- Special Tests**
 - Alar Lig, Sharp's-Purser, VBI
 - Quadrants/Spurling's
 - Flex-Rot Test/Abd Relief
 - Craniocerv flex/Cerv endur.
- Palpation**
 - Bone/Muscle/Inert
- Differential Dxs:**
 1. _____
 2. _____
 3. _____

Range of Motion Diagram:



SPINE, SI JOINT, TMJ- PHYSICAL THERAPY EVALUATION CHECKLISTS

TMJ Evaluation

- MOI/Onset**
 - Sudden/Gradual
 - Acute/Rep. Motion
 - Mvmnt: _____
- Pain**
 - Locat/Descr: _____
 - Intensity: ____/10
 - Freq/Durat: _____
(constant/periodic/occasional)
 - Agg: _____ Ease: _____
 - f
 - N/T Radiating/Face pain?
- Systems Review/Screen Ques**
 - Meds/Doctor/Imaging
 - PMH/ROS: _____
 - Red Flags? _____
(Vision/Hearing Changes?)
 - Act/Part/Goal: _____
 - HAs (Loc/Freq/Dur/ /10)?
- Observation/Posture**
- Neuro Screen: CNs**
- Clear Cervical Spine**
- AROM in Sitting**
 - Opening (norm: 50 mm)
 - Protrusion (norm: 6 mm)
 - Bite/Occlusion
 - L Lat Deviat (norm: 10mm)
 - R Lat Deviat (norm: 10mm)
- MMTs/Muscle Function Tests**
 - Masseter: resist closing
 - Temporalis: resist closing
 - Lat Pteryg.: resist Protrus./
closing (Lat face pain?)
 - Med Pterg.: contralat dev.
 - Bite /c tongue depressor
 - Bite /s tongue depressor
 - Manual loading
- Joint Play**
 - Distraction
 - Ant, Med/Lat, CAM Glides
- Special Tests: Jt Loading**
- Palpation**
 - Ant/Post Condyles
 - Masseter (in/out)
 - Temporalis
 - Med Pterygoid
- Differential Dx:**
 - Muscle: _____
 - Disc (DDWR vs. DDWOR)
 - TMJ Joint: _____

Range of Motion Diagram:

