

**ORTHOPEDIC PHYSICAL THERAPY EVALUATION: THE WHY FOR QUESTIONS & TESTS**

- 1- LOOK AT THE OUTLINE below of a basic Physical Therapy Orthopedic Evaluation
- 2- EXPLAIN WHY you are you performing each component (i.e., what information does it give you)? And WRITE THESE EXPLANATIONS next to each section.

**For example:** performing muscle testing assesses function of the muscle/tendon unit (contractile unit) > gives you information about motor control, strength etc.

- 3- CHECK YOUR WORK with: "ORTHO PT EVAL EXPLAINED" DOCUMENT

**Basic Components of Orthopedic PT Evaluation:**

SUBJECTIVE	OBJECTIVE
<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>MOI/ONSET</b> <ul style="list-style-type: none"> <li>○ <b>MOI:</b> _____</li> <li>○ <b>ONSET:</b> _____</li> </ul> </li> <li><input type="checkbox"/> <b>PAIN/SXs</b> <ul style="list-style-type: none"> <li>○ <b>Location/Description:</b> _____</li> <li>○ <b>Intensity: Best</b>___/10 <b>Worst:</b> ___/10</li> <li>○ <b>Frequency/Duration:</b> _____ (constant/periodic/occasional)</li> <li>○ <b>Agg:</b> _____</li> <li>○ <b>Ease:</b> _____</li> <li>○ <b>Numb/tingling?</b> _____</li> <li>○ <b>Radiating?</b> _____</li> <li>○ <b>Radicular?</b> _____</li> </ul> </li> <li><input type="checkbox"/> <b>SYSTEMS REVIEW/RED FLAGS</b> <ul style="list-style-type: none"> <li>○ <b>Meds:</b> _____</li> <li>○ <b>Seen Doctor?</b> _____</li> <li>○ <b>Imaging:</b> _____</li> <li>○ <b>PMH:</b> _____</li> <li>○ <b>Other review of systems:</b> _____</li> <li>○ <b>Red Flags?</b> _____</li> <li>○ <b>Activity Limitations:</b> _____</li> <li>○ <b>Participation Restrictions:</b> _____</li> <li>○ <b>Patient's Goals:</b> _____</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>OBSERVATION/POSTURE</b> _____</li> <li><input type="checkbox"/> <b>SCREENS</b> <ul style="list-style-type: none"> <li>○ <b>NEURO:</b> Dermatome, Myotome, Reflexes _____</li> <li>○ <b>JOINTS ABOVE/BELOW</b> _____</li> </ul> </li> <li><input type="checkbox"/> <b>AROM</b> _____</li> <li><input type="checkbox"/> <b>MMT</b> _____</li> <li><input type="checkbox"/> <b>PROM</b> _____</li> <li><input type="checkbox"/> <b>JOINT PLAY (passive accessory motion)</b> _____</li> <li><input type="checkbox"/> <b>SPECIAL TESTS</b> _____</li> <li><input type="checkbox"/> <b>PALPATION</b> _____</li> </ul>