

**ORTHOPEDIC PHYSICAL THERAPY EVALUATION: SELF QUIZ**

**WHAT ARE THE KEY PARTS OF YOUR ORTHOPEDIC PT EXAM (SUBJECTIVE & OBJECTIVE)?**

i.e., things you will perform in EVERY EXAM: Subjective questions re: MOI/ONSET, etc.,

Objective: AROM, PROM, MMT etc.

SUBJECTIVE	OBJECTIVE

**Feedback After Completing Blank Template from Above:**

SUBJECTIVE	OBJECTIVE
<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>MOI/ONSET</b> <ul style="list-style-type: none"> <li>○ Agg Mvmnts: _____</li> </ul> </li> <li><input type="checkbox"/> <b>PAIN/SXs</b> <ul style="list-style-type: none"> <li>○ Location/Description: _____</li> <li>○ Intensity: ____/10</li> <li>○ Frequency/Duration: _____ (constant/periodic/occasional)</li> <li>○ Agg: ____ Ease: _____</li> <li>○ N/T Radiating</li> </ul> </li> <li><input type="checkbox"/> <b>SYSTEMS REVIEW/RED FLAGS</b> <ul style="list-style-type: none"> <li>○ Meds/Doctor/Imaging</li> <li>○ PMH/ROS: _____</li> <li>○ Red Flags? _____</li> <li>○ Act/Part/Pt's Goal: _____</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>