

# Cervical Flexion Rotation Test

## Patient Information

Name:

Date of Birth:

Gender:            Male            Female            Prefer not to say

Date of Test:

## Patient History

Reason for Referral/Test:

History of Present Condition:

Previous Neck Injuries/Surgeries:

Current Medications:

## Test Procedure and Observations

**Positioning:** Patient is positioned supine with the head supported by the examiner's hands.

**Action:** The neck is fully flexed, then the head is gently rotated to the left and right. The examiner assesses range of motion and notes any discomfort or pain.

**Expected Normal Range:** 45 degrees of rotation to each side without pain.

**Test Results**

Left Rotation (Degrees):

Right Rotation (Degrees):

Presence of Pain:	Left	Right	Both	None
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Pain Severity (if any):	Mild	Moderate	Severe
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Specific Pain Location:

**Assessment**

Findings Interpretation:

Comparative Analysis with Previous Assessments (if applicable):

**Recommendations and Plan**

Immediate Interventions:

Further Assessments Needed:

Referral Recommendations:

Follow-up Schedule:

**Provider's Notes**

Observations during Test:

Patient's Feedback:

Additional Comments:

Healthcare Provider's Signature:

Date: