

# Eden's Test

## Patient Information

Name:

Age:

Gender:      Male      Female      Other:

Date of Birth:

Date of Assessment:

## Clinical Notes

### Clinical Complaint

*Describe the patient's primary complaint or reason for assessment.*

### Medical History:

*Summarize relevant medical history, including any past diagnoses, surgeries, or treatments.*

### Presenting Symptoms:

*Detail the patient's current symptoms, including location, severity, and duration.*

## Physical Examination

### Neurological Examination:

*Document findings from the neurological assessment, including sensation, strength, and reflexes.*

### Musculoskeletal Examination:

*Assess range of motion, muscle strength, and any palpable abnormalities.*

### Eden's Test (Military Brace Test):

*Describe the procedure and findings of the Eden's Test. Note any reproduction or exacerbation of symptoms.*

## Imaging Assessment

*Provide a concise summary of the assessment findings, including suspected diagnosis or differential diagnoses.*

**Interpretation**

**Recommendations:**

*Include any additional recommendations or referrals to other healthcare providers as needed.*

**Healthcare Practitioner's Information**

Healthcare Practitioner's Name:

License Number:

Signature:

Date: