

# Neers Test

## Client Information

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Consultation: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

## Patient Information

Patient Profile: \_\_\_\_\_

Chief Complaint: \_\_\_\_\_

## Account of Current Condition:

History of present injury: \_\_\_\_\_

Current Symptoms: \_\_\_\_\_

Location: \_\_\_\_\_

Onset: \_\_\_\_\_

Character: \_\_\_\_\_

Intensity: \_\_\_\_\_

Duration: \_\_\_\_\_

Aggravating Factors: \_\_\_\_\_

Alleviating Factors: \_\_\_\_\_

24 hour behavior: \_\_\_\_\_

## PMH:

Medication/Allergies: \_\_\_\_\_

## Current Function %:

Standardized Functional Questionnaire: \_\_\_\_\_

DASH: \_\_\_\_\_

NDI: \_\_\_\_\_

Modified Oswestry: \_\_\_\_\_

## Personal and Environmental Factors:

Activity: \_\_\_\_\_

Occupation: \_\_\_\_\_

Patient Goals: \_\_\_\_\_

**Systems Review:**

Cardiopulmonary: Neuromuscular: \_\_\_\_\_

Integumentary: \_\_\_\_\_

Musculoskeletal: \_\_\_\_\_

**Tests and Measures:**

Observation: \_\_\_\_\_

Joint Clearing: \_\_\_\_\_

**ROM:**

	AROM		PROM		END FEEL	
	R	L	R	L	R	L
Flexion	✓	✗	✓	✓	✓	✓
Extension	✗	✓	✗	✓	✗	✓
Radial Deviation	✗	✓	✗	✓	✗	✓
Ulnar Deviation	✗	✓	✗	✓	✓	✓
Supination Pronation	✓	✓	✓	✓	✓	✓

**Resisted Tests:**

Flexibility: \_\_\_\_\_

**Neurologic Screen:**

	Sensation		Reflexes		Motor	
	R	L	R	L	R	L
C1						
C2						
C3						
C4						
C5						
C6						
C7						
C8						
T1						

**Special Tests:** Yergason's Test: Load and Shift Test: Lift-Off Test: Apprehension Test: Belly-Press Test: Sulcus Sign:

External Rotation Lag Sign:

Empty Can Test:

Full Can Test:

Infraspinatus Test:

Patte Test/Hornblower's Sign:

Hawkins-Kennedy Test:

Neer's Test:

ULTT 1:

ULTT 2:

ULTT 3:

ULTT 4:

Biceps Load Test:

Jerk Test:

Labral Crank Test:

Horizontal Adduction Test:

Roos Test:

Wright Test:

Allen Test:

Costoclavicular Test:

Shoulder Girdle Passive Elevation:

Adson's Test

Joint Mobility: \_\_\_\_\_

Palpation: \_\_\_\_\_

Functional Tests: \_\_\_\_\_

Today's Intervention: \_\_\_\_\_

**Evaluation:**

Summary: \_\_\_\_\_

Impairments: \_\_\_\_\_

Functional Limitations: \_\_\_\_\_

Response to today's intervention: \_\_\_\_\_

**Plan of Care:**

Outcomes: \_\_\_\_\_

STG: \_\_\_\_\_

LTG: \_\_\_\_\_

Prognosis: \_\_\_\_\_

Intervention Plan: \_\_\_\_\_

**Informed Consent:**

(  Patient or  Guardian) has been informed of all evaluation findings and treatment plans and agrees to participate in Physical Therapy services and plans as outline, including the given HEP.

**Sign:** \_\_\_\_\_

**Date:** \_\_\_\_\_