

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: _____