

Physical Therapy Initial Evaluation

Initial Information
Diagnosis:
Age:
Precautions:
Subjective
History:
Job Description:
Pain:
Location:
Rate your pain from 1-10 (10 = Most severe):
Description:
Aggravated by:
Alleviated by:
Prior level of function:
Current level of function (limitations):

Objective**Range of Motion / Special Tests:**Neck Flexion*Right:**Left:*Neck Extension*Right:**Left:*Cervical Spine Flexion*Right:**Left:*Shoulder Flexion*Right:**Left:*Elbow Flexion*Right:**Left:*Elbow Extension*Right:**Left:*Forearm Supination*Right:**Left:*Forearm Pronation*Right:**Left:*Wrist Flexion*Right:**Left:*Wrist Extension*Right:*

Left:

Trunk Flexion

Right:

Left:

Trunk Extension

Right:

Left:

Thoracic (Lumar Spine Flexion)

Right:

Left:

Thoracic (Lumar Spine Extension)

Right:

Left:

Hip Flexion

Right:

Left:

Hip Extension

Right:

Left:

Knee Flexion

Right:

Left:

Knee Extension

Right:

Left:

Ankle Plantarflexion

Right:

Left:

Ankle Dorsiflexion

Right:

Left:

Wound:

Assessment

Prognosis:

Plan

Therapy:

- Therapeutic Exercises
- Therapeutic Activities
- NeuroMuscular Re-ed
- Modalities
- Wound Care
- Manual Therapy
- Gait Training
- Patient Education
- HEP
- Other (specify): _____

To work towards the following goals:

Short-term goals

Long-term goals