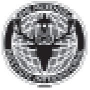

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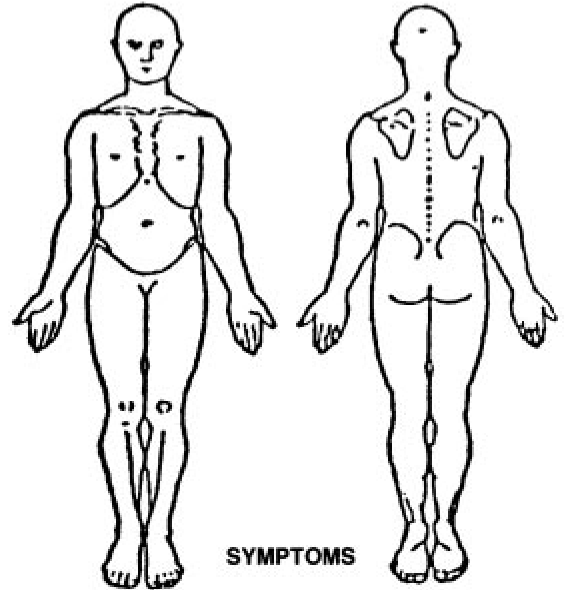
PERIPHERAL ASSESSMENT



Date ____/____/____

Name ______________________ Sex M / F ________

Address ______________________

Telephone ______________________

Date of Birth ____/____/____ Age ________

Referral: GP/ Orth / Self / Other ______________________

Work / Leisure ______________________

____

Postures / Stresses ______________________

Functional Disability from present episode ______________________

____

Functional Disability score = ______________________

VAS Score (0-10) = ______________________

HISTORY

Present symptoms ______________________

Present since ____/____/____ *Improving / Unchanging / Worsening*

Commenced as a result of ______________________ *or no apparent reason*

Symptoms at onset ______________________

Constant symptoms ______________________ Intermittent symptoms ______________________

What produces or worsens ______________________

____

What stops or reduces ______________________

____

Continued use makes the pain Better Worse No Effect

Pain at rest *Yes* / *No*

Disturbed night *Yes* / *No* ______________________

Other Questions ______________________

____

____

Treatment this episode ______________________

Previous episodes ______________________

Previous treatments ______________________

Spinal history ______________________

______________________ Paraesthesia *Yes* / *No*

Medications tried ______________________ Effect ______________________

Present medication ______________________

General health ______________________

Imaging ______________________

Summary: *Acute* / *Sub-acute* / *Chronic* *Trauma* / *Insidious onset*

Sites for physical examination ______________________

____

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EXAMINATION ______

Observation ______

Baseline measurements (pain or functional activity): ______

	PDM	ERP
Active Movements (note symptoms and range):		
Passive Movement (+/- over pressure)(note symptoms and range)		
Resisted tests response (pain)		

Repeated Tests (choose the most symptomatic from above)

Baseline symptoms	Symptom response		Mechanical response		
Active movement, passive movement, resisted test	**During Movement-** Produce, Abolish, Increase, Decrease, NE	**After Movement-** Better, Worse, NB NW NE	⬆ROM	⬇ROM	NO Effect
Effect of static positioning					
Other tests: eg loaded, compression, unloaded etc					

SPINE

Movement Loss ______

Effect of repeated movements ______

Effect of static positioning ______

Spine testing Not relevant / relevant / secondary problem ______

PROVISIONAL CLASSIFICATION **Peripheral**

Dysfunction - Articular ______

Derangement ______

Other ______

Spine

Contractile ______

Postural ______

Uncertain ______

PRINCIPLE OF MANAGEMENT

Education ______

Exercise ______ Frequency ______

Treatment Goals ______

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