PHYSICAL ASSESSMENT FORM (PAGE 1)

Date: Client name: Contra-indications: Y/N Details:

Current objectives:

Height (m) _____ Weight (kg) _____ BMI _____ Body fat (mm) _____ Body fat (%) _____
Comments:

Body circumferences (cm): Chest ___ Waist ___ Hips ___ Upper Arm L ___ R ___ Upper Leg L ___ R ___ Lower Leg L ___ R ___
WHR: _____
Comments:

Body type: Ectomorph ___ Mesomorph ___ Endomorph ___ Comments:

POSTURAL ASSESSMENT/BODY ALIGNMENTS

HEAD/NECK: Tilted left ___ Tilted right ___ Rotated left ___ Rotated right ___ Forward ___ Flat Lordotic curve ___
Excessive Lordotic curve ___ Other:
EYES: Level ___ Other:
EARS: Level ___ Other:
MUSCULATURE:
Comments:

SHOULDERS: Level ___ Right high ___ Left high ___ Rounded ___ Other:
SCAPULAE: Even ___ Adducted ___ Abducted ___ Winged ___ Rotated ___ Other:
CLAVICLES: Level ___ Other:
MUSCULATURE:
Comments:

UPPER EXTREMITIES: Hang evenly ___ Rotated ___ Other:
ELBOWS: Even ___ Cubitus Varus ___ Cubitus Valgus ___ Cubitus Recurvatus ___ Other:
WRISTS: Even ___ Other:
FINGERS: Even ___ Other:
MUSCULATURE:
Comments:

SPINE: Normal ___ Kyphosis ___ Lordosis ___ Flat back ___ Scoliosis ___ Other:
MUSCULATURE: Even ___ Other:
Comments:

HIPS: Even ___ Pelvic tilt ___ Coxa Vara ___ Coxa Valga ___ Other:
MUSCULATURE: Even ___ Other:
Comments:

KNEES: Even ___ Genu Valgus ___ Genu Varus ___ Genu recurvatum ___ Patella squint ___ Excess Q Angle ___
Reduced Q Angle ___ Other:
MUSCULATURE: Even ___ Other:
Comments:

ANKLE/FOOT/TOES: Even ___ Tibial torsion ___ Varus heels ___ Valgus heels ___ Pes Planus ___ Pes Cavus ___
Hyper Pronation ___ Hallux Valgus ___ Plantar-flexed first ray ___ Splay foot ___ Hammer-toes ___ Other:
MUSCULATURE: Even ___ Other:
Comments:

LEG LENGTH: Even ___ Discrepancy ___ True ___ Apparent ___
Comments:

Client signature: Date:
Therapist signature: Date:

PHYSICAL ASSESSMENT FORM (PAGE 2)

RANGE OF MOVEMENT ASSESSMENTS (DEGREES OR CM)

CERVICAL: Flexion ____ Hyperextension ____ Left Rotation ____ Right Rotation ____
Left Lateral Flexion ____ Right Lateral Flexion ____
Comments:

THORACIC/LUMBAR: Flexion ____ Hyperextension ____ Left Rotation ____
Right Rotation ____ Left Lateral Flexion ____ Right Lateral Flexion ____
Comments:

SHOULDER: Left Flexion ____ Right Flexion ____ Left Hyperextension ____
Right Hyperextension ____ Left Abduction ____ Right Abduction ____
Left Medial Rotation ____ Right Medial Rotation ____ Left Lateral Rotation ____
Right Lateral Rotation ____ Left Horizontal Abduction ____ Right Horizontal Abduction ____
Left Horizontal Adduction ____ Right Horizontal Adduction ____
Comments:

ELBOW/FOREARM: Left Flexion ____ Right Flexion ____ Left Extension ____
Right Extension ____ Left Pronation ____ Right Pronation ____ Left Supination ____
Right Supination ____
Comments:

HIP: Left Flexion ____ Right Flexion ____ Left Hyperextension ____
Right Hyperextension ____ Left Abduction ____ Right Abduction ____ Left Adduction ____
Right Adduction ____ Left Medial Rotation ____ Right Medial Rotation ____
Left Lateral Rotation ____ Right Lateral Rotation ____
Comments:

KNEE: Left Flexion ____ Right Flexion ____ Left Hyperextension ____
Right Hyperextension ____
Comments:

ANKLE: Left Dorsiflexion ____ Right Dorsiflexion ____ Left Plantarflexion ____
Right Plantarflexion ____ Left Inversion ____ Right Inversion ____ Left Eversion ____
Right Eversion ____
Comments:

Client signature: **Date:**
Therapist signature: **Date:**

PHYSICAL ASSESSMENT FORM (PAGE 3)

GAIT ASSESSMENT

HEAD: Upright ___ Forward flexed ___ Deviated laterally ___ Other:
Comments:

TRUNK: Upright ___ Forward flexed ___ Deviated laterally ___ Other:
Comments:

SHOULDERS: Free and even movement during stance and swing ___ Other:
Comments:

ARMS: Reciprocal swing ___ Even motion ___ Other:
Comments:

HIPS: Free and even movement during stance and swing ___ Other:
Comments:

LEGS: Free and even movement during stance and swing ___ Other:
Comments:

KNEES: Free and even movement during stance and swing ___ Other:
Comments:

ANKLES/FEET: Heel strike ___ Propulsion ___ Excess pronation ___ Excess supination ___ Foot slap ___
Excess dorsiflexion ___ Other:
Comments:

GENERAL GAIT PATTERN: Step length even ____ Normal Stride width ____ Normal Foot Angle ____ Pain-free gait ____
Steady gait ____ Normal cadence ____ Other:
Comments:

ANALYSIS OF MOVEMENT PARAMETERS

REVIEWED OBJECTIVES

RECOMMENDATIONS

Client signature: **Date:**
Therapist signature: **Date:**