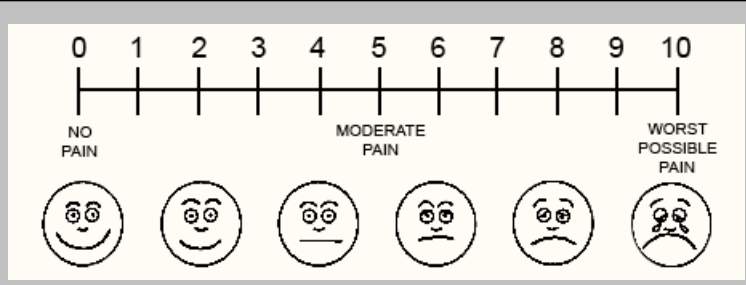
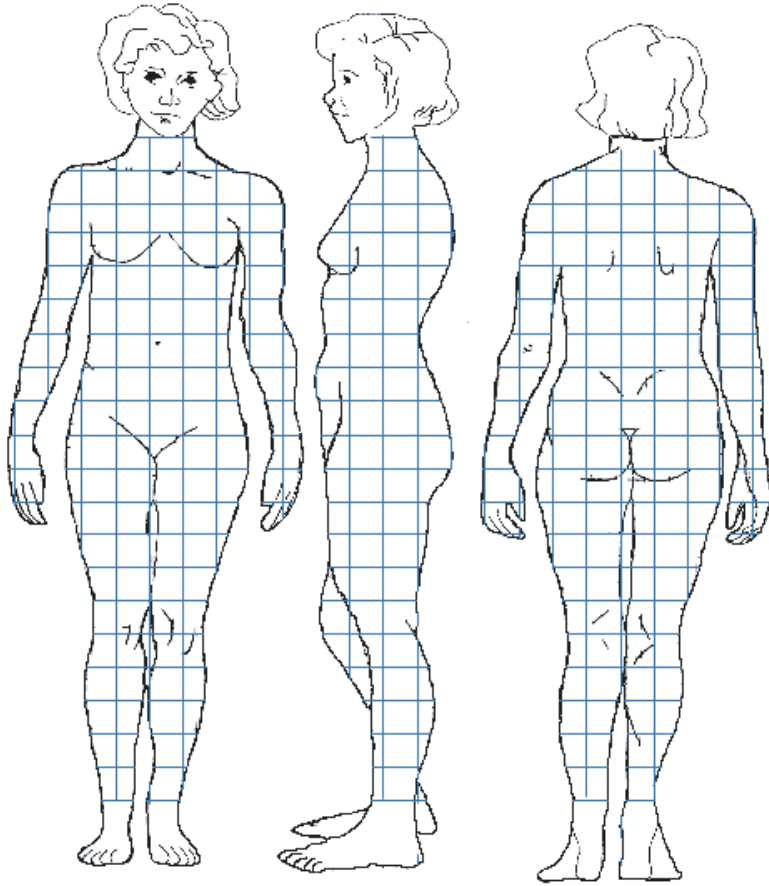


Westside Family Acupuncture - Pain Chart / Orthopedic Exams



- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Acute Pain | <input type="checkbox"/> Chronic Pain |
| <input type="checkbox"/> Sharp Pain | <input type="checkbox"/> Dull / Achy Pain |
| <input type="checkbox"/> Burning Pain | <input type="checkbox"/> Numbness |

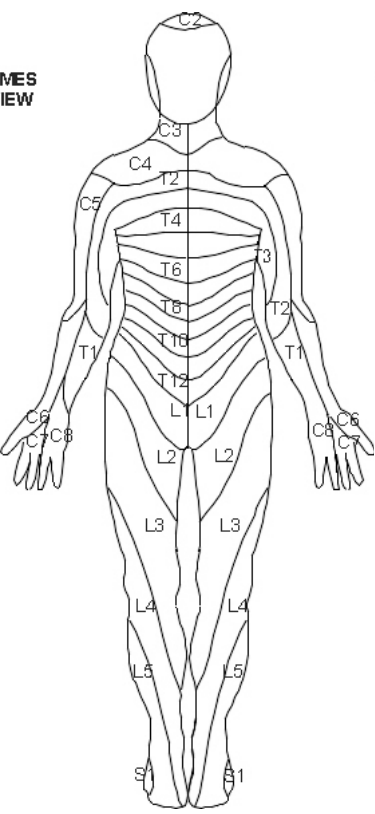
Pain Started _____

Pain Caused _____

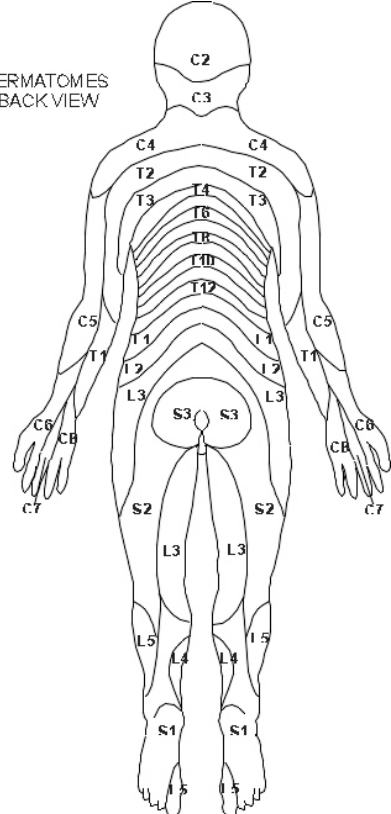
Progress: Date and Pain Level

- Date _____ (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)
- Date _____ (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)
- Date _____ (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)
- Date _____ (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)
- Date _____ (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)
- Date _____ (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)
- Date _____ (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)
- Date _____ (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)
- Date _____ (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)
- Date _____ (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)
- Date _____ (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)
- Date _____ (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)
- Date _____ (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)
- Date _____ (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)
- Date _____ (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)
- Date _____ (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)
- Date _____ (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)
- Date _____ (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)
- Date _____ (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)

DERMATOMES
- FRONT VIEW



DERMATOMES
- BACK VIEW



Orthopedic Exams

BACK	+	-
<input type="checkbox"/> Straight Leg Raise -----	P	N
<input type="checkbox"/> Braggard's Test -----	P	N
<input type="checkbox"/> Dejerines Triad Sign -----	P	N
<input type="checkbox"/> Heel Walk (L4-5) -----	P	N
<input type="checkbox"/> Toe Walk (L5-S1) -----	P	N
<input type="checkbox"/> Femoral Stretch Test -----	P	N
<input type="checkbox"/> Patrick's Test (S/I) -----	P	N
<input type="checkbox"/> Yeoman's Test -----	P	N
<input type="checkbox"/> Periformas Test -----	P	N
NECK		
<input type="checkbox"/> Foraminal Compress -----	P	N
<input type="checkbox"/> Cervical Distraction -----	P	N
<input type="checkbox"/> Shoulder Depression -----	P	N
<input type="checkbox"/> Adson's Test -----	P	N
<input type="checkbox"/> Eden's Test -----	P	N
<input type="checkbox"/> Wright's Test -----	P	N
SHOULDER		
<input type="checkbox"/> Codman's Test -----	P	N
<input type="checkbox"/> Dawbarn's Test -----	P	N
<input type="checkbox"/> Yergason's Sign -----	P	N
ELBOW		
<input type="checkbox"/> Cozen's Test -----	P	N
<input type="checkbox"/> Mill's Test -----	P	N
<input type="checkbox"/> Golfer's Elbow -----	P	N
WRIST/HAND		
<input type="checkbox"/> Tinel's Test -----	P	N
<input type="checkbox"/> Phalen's Test -----	P	N
<input type="checkbox"/> Finkelstein's Test -----	P	N
HIP		
<input type="checkbox"/> Laguerre's Test -----	P	N
<input type="checkbox"/> Thomas Test -----	P	N
<input type="checkbox"/> Ober Test -----	P	N
<input type="checkbox"/> Tredelenburg -----	P	N
KNEE		
<input type="checkbox"/> Knee Bulge / Effusion	P	N
<input type="checkbox"/> McMurry's Test (Miniscus)	P	N
<input type="checkbox"/> Apley's Compression	P	N
<input type="checkbox"/> Valgus Test (MCL)	P	N
<input type="checkbox"/> Varus Test (LCL)	P	N
<input type="checkbox"/> Lachman Test (ACL)	P	N
<input type="checkbox"/> Drawer Test (ACL/PCL)	P	N
<input type="checkbox"/> Patella Grind Test	P	N
ANKLE AND FEET		
<input type="checkbox"/> Drawer Sign	P	N
<input type="checkbox"/> Thompson Test	P	N
<input type="checkbox"/> Homan's Test	P	N

ROM

Back	Dates				
Thoracic Flexion	50	_____	_____	_____	_____
Thoracic Lateral Flex	20-40	_____	_____	_____	_____
Thoracic Rotation	30	_____	_____	_____	_____
Lumbar Flexion	80	_____	_____	_____	_____
Lumbar Extension	30	_____	_____	_____	_____
Lumbar Lateral Flex	35	_____	_____	_____	_____
Lumbar Rotation	30	_____	_____	_____	_____
Neck					
Flexion	45	_____	_____	_____	_____
Extension	45	_____	_____	_____	_____
Lateral Flexion	45	_____	_____	_____	_____
Left Rotation	80	_____	_____	_____	_____
Right Rotation	80	_____	_____	_____	_____
Shoulder					
Flexion	90	_____	_____	_____	_____
Extension	45	_____	_____	_____	_____
Abduction	180	_____	_____	_____	_____
Adduction	45	_____	_____	_____	_____
Internal Rotation	55	_____	_____	_____	_____
External Rotation	45-55	_____	_____	_____	_____
Elbow					
Flexion	135	_____	_____	_____	_____
Extension	0-5	_____	_____	_____	_____
Supination	90	_____	_____	_____	_____
Pronation	90	_____	_____	_____	_____
Wrist					
Flexion	80	_____	_____	_____	_____
Extension	70	_____	_____	_____	_____
Ulnar Deviation	30	_____	_____	_____	_____
Radial Deviation	20	_____	_____	_____	_____
Knee					
Flexion	135	_____	_____	_____	_____
Extension	0	_____	_____	_____	_____
Internal Rotation	10	_____	_____	_____	_____
External Rotation	10	_____	_____	_____	_____

NOTES: _____
