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Sincerely,
Darryl Hosford, DPT

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Hosford Evaluation Forms

This document provides an evaluation template for gathering subjective and objective patient information on key areas of the neuromusculoskeletal system of the human body. Many health professionals will also find this document helpful, but it is especially suited to Physical Therapy

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_____ Hosford Muscle Tables

_____ Differential Diagnosis Tables

_____ Hosford Evaluation Forms

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W elcome to the Hosford Evaluation Forms!

This document details information about neuromusculoskeletal pathology and suggests a systematic method of problem solving. The student should look for broad principles to build their personal diagnostic skills. This document is only intended as a study tool for medical professionals, and does not substitute for medical training.

E lectronic Document Background:

This document began as a personal study tool during my enrollment in the Doctor of Physical Therapy program at Slippery Rock University of Pennsylvania. As a new physical therapist I wanted to streamline my patient evaluation skills, and these templates were the result. This document is a condensed summary of several resources and my personal preference for the flow of an evaluation. I hope this information will directly or indirectly help you in your evaluation skills as well. My personal love for both Physical Therapy and the Internet has made this document a reality.

C opyright:

No part of this document may be reproduced without permission. Copyright © 1998 by Darryl G. Hosford, all rights reserved. Individuals who download these forms may evaluate them for 10 days, and after which the shareware fee of \$2.00 per person should be remitted. One person may use all of these forms many times. This is a per therapist registration.

O nline Study Materials:

Other study materials are available online! Our web site provides information on Physical Therapy and other related health care professions. We are developing several of these table information documents. Check out the listing of available documents and support this ongoing project by sending in the shareware fee of \$3.00 per person. Also available: Hosford Differential Diagnosis Tables that have been made as a companion to this document.

We welcome your online visit!

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M edical Disclaimer:

This document is to serve as a reference. It is not intended as an authoritative source. The information contained herein provides information for the clinician to consider. However, in view of the possibility of human error or changes in medical sciences, Darryl Hosford and/or PT Central does not warrant that the information contained herein is accurate or complete. We are not responsible for any errors or omissions or for the results obtained from the use of such information. Only trained, licensed health professionals should perform evaluation and/or special diagnostic tests. Readers must to confirm the information contained herein with authoritative sources and their own professional judgement.

E njoy reviewing these topics. I wish you the best of success.

Darryl Hosford, DPT

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Hosford Evaluation Forms

By Darryl Hosford, DPT

28 January, 2001

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Cervical Evaluation

Name: _____ Sex: _____ Age: _____ Height: _____ Weight: _____ Date: _____

Physician: _____ Precautions: _____

Dx: _____ ICD9: _____ Onset Date: _____

Subjective: CC __, Onset __, Imaging __, PMH __, PSH __, ROS __, Meds __.

Locked? Pain with specific motions?

Symptoms at onset: Intensity = _____ Description: _____

Symptoms now: Intensity = _____ Description: _____

Aggravated by: _____

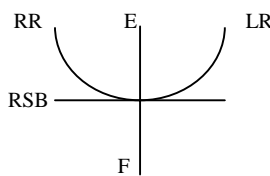
Alleviated by: _____

Objective:

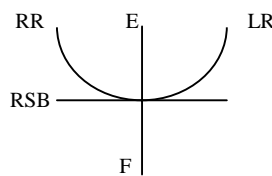
Posture: kyphosis __, scoliosis __, forward head __, protracted shoulders __, Other: _____

Inspection: _____

Cervical ROM: Active



Passive



Repeated motion: _____

Resisted testing:

MMT:

Pain / Notes:

Cervical flexion

extension

R side bend

L side bend

R rotation

L rotation

Shoulder

Elbow

Wrist

Hand

Sensory:

Reflexes:

CNV jaw jerk __, C₅ biceps __, C_{6,7} brachioradialis __, C₈ triceps __.

Joint Mobility / Palpation:

End feel:

Vertebral motion:

Muscle Spasm:

Special Tests:

- _____ Foraminal compression tests
- _____ Facet joint tests
- _____ TOS
- _____ Vertebral artery test
- _____ Ligamentous stability
- _____ TMJ
- _____ Brachial plexus tests
- _____ Other: _____

Notes:

Assessment:

Goals:

STG (___ weeks):

LTG (___ weeks):

Plan:

Therapist Signature: _____ Date: _____

Shoulder Evaluation

Name: _____ Sex: _____ Age: _____ Height: _____ Weight: _____ Date: _____

Physician: _____ Precautions: _____

Dx: _____ ICD9: _____ Onset Date: _____

Subjective: CC __, Onset __, Imaging __, PMH __, PSH __, ROS __, Meds __.

Symptoms at onset: Intensity = _____ Description: _____

Symptoms now: Intensity = _____ Description: _____

Aggravated by: _____

Alleviated by: _____

Objective:

Posture: kyphosis __, scoliosis __, forward head __, protracted shoulders __, Scapulae __, Other: _____

Inspection: _____

ROM & Strength:	Active ROM	Passive ROM	Resisted (MMT)
Shoulder elevation:	_____	_____	_____
90° ABDuction:	_____	_____	_____
90° forward flexion:	_____	_____	_____
internal rotation:	_____	_____	_____ hand behind back:
external rotation:	_____	_____	_____ hand behind head:
Elbow	_____	_____	_____
Wrist	_____	_____	_____
Hand	_____	_____	_____

Sensory: _____

Reflexes:

C₅ biceps __, C_{6,7} brachioradialis __, C₈ triceps __.

Joint Mobility / Palpation:

End feel:

Joint motion: (ant. _____, post. _____, inf. _____)

Muscle Spasm / Tenderness:

Special Tests:

Notes:

- | | |
|---------------------------------------|-------|
| _____ Painful arc test | _____ |
| _____ Supraspinatus tests | _____ |
| _____ Biceps tendon tests | _____ |
| _____ TOS | _____ |
| _____ Rotator cuff palpation | _____ |
| _____ Impingement tests (1 / 2 / 3) | _____ |
| _____ Apprehension tests | _____ |
| _____ Other: _____ | _____ |

Assessment:

Goals:

STG (____ weeks):

LTG (____ weeks):

Plan:

Therapist Signature: _____ Date: _____

Elbow Evaluation

Name: _____ Sex: _____ Age: _____ Height: _____ Weight: _____ Date: _____

Physician: _____ Precautions: _____

Dx: _____ ICD9: _____ Onset Date: _____

Subjective: CC __, Onset __, Imaging __, PMH __, PSH __, ROS __, Meds __.

Symptoms at onset: Intensity = _____ Description: _____

Symptoms now: Intensity = _____ Description: _____

Aggravated by: _____

Alleviated by: _____

Objective:

Inspection: _____

ROM & Strength:	Active ROM	Passive ROM	Resisted (MMT)
Shoulder	_____	_____	_____
Elbow flexion:	_____	_____	_____
extension:	_____	_____	_____
pronation:	_____	_____	_____
supination:	_____	_____	_____
Wrist	_____	_____	_____
Hand	_____	_____	_____

Sensory: _____

Reflexes:

C₅ biceps ____, C_{6,7} brachioradialis ____, C₈ triceps ____.

Joint Mobility / Palpation:

End feel:

Joint motion:

Muscle Spasm / Tenderness:

Special Tests:

- _____ Biceps tendon tests
- _____ TOS
- _____ Tinell's Sign at the elbow
- _____ Medial epicondylitis (golf)
- _____ Lateral epicondylitis (tennis)
- _____ Other: _____

Notes:

Assessment:

Goals:

STG (___ weeks):

LTG (___ weeks):

Plan:

Therapist Signature: _____ Date: _____

Wrist / Hand Evaluation

Name: _____ Sex: _____ Age: _____ Height: _____ Weight: _____ Date: _____

Physician: _____ Precautions: _____

Dx: _____ ICD9: _____ Onset Date: _____

Subjective: CC __, Onset __, Imaging __, PMH __, PSH __, ROS __, Meds __.

Symptoms at onset: Intensity = _____ Description: _____

Symptoms now: Intensity = _____ Description: _____

Aggravated by: _____

Alleviated by: _____

Objective:

Inspection: _____

ROM & Strength:	Active ROM	Passive ROM	Resisted (MMT)
Shoulder	_____	_____	_____
Elbow	_____	_____	_____
Wrist flexion:	_____	_____	_____
extension:	_____	_____	_____
radial deviation:	_____	_____	_____
ulnar deviation:	_____	_____	_____
Hand & Grip:	_____	_____	_____
Thumb opposition:	_____	_____	_____
2nd digit:	_____	_____	_____
3rd digit:	_____	_____	_____
4th digit:	_____	_____	_____
5th digit:	_____	_____	_____

Sensory: _____

Reflexes: _____

C₅ biceps ____, C_{6,7} brachioradialis ____, C₈ triceps ____.

Joint Mobility / Palpation:

End feel:

Joint motion:

Muscle Spasm / Tenderness:

Special Tests:

- _____ Phalen Test
- _____ Tinnell's sign at the wrist
- _____ TOS
- _____ Other: _____

Notes:

Assessment:

Goals:

STG (___ weeks):

LTG (___ weeks):

Plan:

Therapist Signature: _____ Date: _____

Pages 13-22 are intentionally not present in the un-registered version.

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