

ADULT SPINE PAIN EXAM

For history, see Patient History Form
 For treatment & plan, see Adult Spine Standing Orders



Allina Hospitals & Clinics

Height: _____
 Weight: _____
 BP (sitting): _____
 Temp: _____

LABEL

CHECK (✓) WHETHER: Normal (N) Abnormal (A) Not Performed (O)

	N	A	O	
Development				
Skin				

Musculo/Skeletal

Inspection				
Palpation				

Range of Motion

Neck				
Thoracic				
Lumbar				
Upper Extr.				
Lower Extr.				
Hip Motion				

Strength

Upper Extr.				
Lower Extr.				
Heel/Toe Walk				
Toe/Foot Dorsiflexors				

Special Tests

	N	A	O	
SLR Lying/Sitting				
Patrick's Test				
Spurlings				
Neurological				
Sensation				
Wadell's				

DTR

Biceps				
Forearm				
Triceps				
Knee				
Ankle				
Pulses				
Abdomen				

Physician Name

Date