Name:_____ X-ray #:_____ Case # _____

		PRE	POST	POST	POST
Date					
Blood Pressure:		___/___	___/___	___/___	___/___
Temp:					
Pulse					

Sitting		PRE	POST	POST	POST
Cervical Distr.					
Cervical Comp					
Foraminal Com	Rt:				
	Lt:				
Shoulder Comp	Rt:				
	Lt:				
Cervical ROM	Fl				
	Ex				
	LL				
	RL				
	LR				
	RR				

Reflexes:		PRE	POST	POST	POST
Bicepital	Rt:				
	Lt:				
Brachial	Rt:				
	Lt:				
Triceps	Rt:				
	Lt:				
Pateller	Rt:				
	Lt:				
Achilles	Rt:				
	Lt:				

Pinwheel:		PRE	POST	POST	POST
C6 (Thumb & 1	Rt:				
	Lt:				
C7 (Middle)	Rt:				
	Lt:				
C8 (4th &5th)	Rt:				
	Lt:				
T1 (Med Forarm	Rt:				
	Lt:				
L2 (Ant. Thigh)	Rt:				
	Lt:				
L4 (Med Tibia)	Rt:				
	Lt:				
L5 (Lat. Tibia)	Rt:				
	Lt:				
S1 (Lat. Foot)	Rt:				
	Lt:				

Sitting:		PRE	POST	POST	POST
Klienes	Rt:				
	Lt:				
Valsalva	Rt:				
	Lt:				
Becheterews	Rt:				
	Lt:				
	Both				

Supine:		PRE	POST	POST	POST
Lasegue's Sign:	Rt:				
	Lt:				
Braggard Test:	Rt:				
	Lt:				
Patrick-Fabere:	Rt:				
	Lt:				
Soto-Hall:					

Prone		PRE	POST	POST	POST
Ely-Heal Test:	Rt:				
	Lt:				
Leg Length:	Rt:				
	Lt:				
Hand Strength:	Rt:				
	Rt:				
	Rt:				
	Lt:				
	Lt:				
	Lt:				

Standing:					
Thoraco-Lumbar ROM	Fle				
	Ext				
	RL				
	LL				
	RR				
	LR				
Bi-Lateral Wt.	Tot				
	Rt:				
	Lt:				

Notes:_____