Peripheral Joint Exam

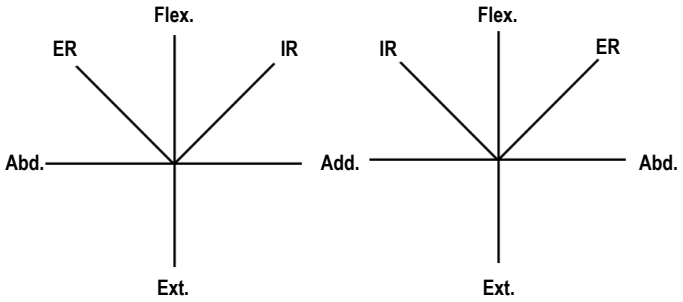
Patient Name:

Date:

Legend	Contra-indications or Precautions
: Active ROM	
: Passive ROM	
: Hypermobility	**Additional Notes**
Ⓟ : Pain in ROM	

1. Joint Examined: _____

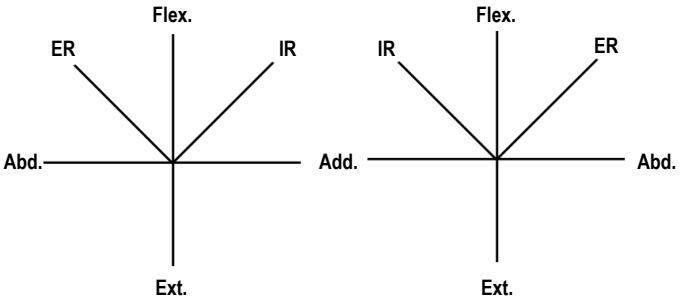
-- R -- -- L --



Pre-treatment

8. Joint Examined: _____

-- R -- -- L --



Post-treatment

2. Abnormal End-feels

Movement	Quality

3. Restriction Pattern

Capsular	Non-capsular

4. Resisted ROM Testing

Direction	R - Grade - L		Pain (y/n)

7. Differential Diagnosis

6. Special Tests

	+/-

5. Joint Play (C-L) Assessment

Intern:
Class:
Term:

Clinic instructor:

Date:

Reproduction is permitted for personal use, not for resale or redistribution. www.prohealthsys.com ©2008 by Professional Health Systems Inc. All rights reserved. "Dedicated to Clinical Excellence."