

Spinal Joint Exam

Patient Name: _____

Date: _____

| Legend | Contra-indications or Precautions |
|---------------------|-----------------------------------|
| —§— : Active ROM | |
| —+— : Passive ROM | |
| — § : Hypermobility | Additional Notes |
| Ⓟ : Pain in ROM | |

1. Spinal Joint Examined: _____

Pre-treatment

8. Spinal Joint Examined: _____

Post-treatment

2. Abnormal End-feels

| Movement | Quality |
|----------|---------|
| | |

7. Differential Diagnosis

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| |

3. Restriction Pattern

| Capsular | Non-capsular |
|----------|--------------|
| | |

6. Special Tests +/-

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4. Resisted ROM Testing

| Direction | Grade | Pain (y/n) |
|-----------|-------|------------|
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| | | |

5. Joint Play (C-L) Assessment

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| | |

Intern: _____
 Class: _____
 Term: _____

Clinic instructor: _____
 Date: _____