



CARO REGION

PT Evaluation

Patient Name: _____

Date: _____

DOB: _____

Onset Date: _____

History of Present Illness:

Medical History:

Cancer: ___ Bladder ___ Breast ___ Colon/Rectal ___ Endometrial ___ Kidney ___ Leukemia ___ Lung
___ Melanoma ___ Non-Hodgkins Lymphoma ___ Pancreatic ___ Prostate ___ Skin ___ Thyroid
___ Brain Tumor ___ Lymphoma

Other _____

Psychological: ___ Dementia ___ Schizophrenia ___ Alzheimers ___ Depression ___ Anxiety ___ Bipolar
___ Mental Retardation ___ Other _____

Cardiovascular: ___ CAD ___ MI ___ A-FIB ___ Hyperlipidemia ___ Angina ___ Stents ___ PVD ___ CHF
___ Valve replacement/repair ___ DVT ___ Pacemaker ___ Anemia ___ Blood pressure: Hyper/Hypo
___ Other _____

Respiratory: ___ Asthma ___ COPD ___ Emphysema ___ Pneumonia ___ Other _____

Neurological: ___ CVA ___ TIA ___ Headaches ___ Seizures ___ Vertigo ___ Other _____

Neuromuscular: ___ Parkinsons ___ MS ___ Cerebral palsy ___ Other _____

Ortho: ___ Osteoporosis ___ RA ___ QA ___ Fracture: _____
___ Joint Replacement: _____ Other _____

Other: (Diabetes) _____

Surgical History:

Precautions/Isolations:

___ Hip ___ Spinal ___ Sternal

Weight Bearing Ability: ___ R UE ___ L UE ___ R LE ___ L LE

General Information:

LOC: ___ Alert ___ Confused ___ Lethargic ___ Unresponsive Oriented to: ___ Person ___ Place ___ Time

Home Situation Prior To Admission:

Patients Goals:

Stairs: ___ Indoor _____ ___ Outdoor _____

ADL's:

___ Lying down ___ Sitting ___ Standing ___ Walking ___ Up/Down Stairs ___ Cars ___ Driving ___ Lifting
___ Squatting ___ Bending ___ Putting on shirt ___ Putting on pants ___ Reaching overhead
___ Shampooing ___ Combing hair ___ Mopping ___ Vacuuming ___ Reaching behind ___ Sleeping
___ Work ___ Other: _____

Objective Assessment:

Wheelchair Management: _____

Transfers: _____

Gait: _____

Stairs: _____

Endurance: _____

Bed Mobility: _____

Appearance/Posture: _____

Other Barriers to function: _____

Neurological:

Movement Quality, Coordination, Sensation, Balance: _____

Pain: _____

Edema: _____

ROM and Strength

LE ROM and Strength

		RIGHT					LEFT						
		STRENGTH	AROM	PROM	POSITION	PAIN	STRENGTH	AROM	PROM	POSITION	PAIN		
HIP	Flexion	___/S	___°	___°	___□	___□	___/S	___°	___°	___□	___□	RIGHT HIP	
	Extension	___/S	___°	___°	___□	___□	___/S	___°	___°	___□	___□	LEFT HIP	
IR	ER	___/S	___°	___°	___□	___□	___/S	___°	___°	___□	___□		
	Abduction	___/S	___°	___°	___□	___□	___/S	___°	___°	___□	___□		
Adduction		___/S	___°	___°	___□	___□	___/S	___°	___°	___□	___□		
		___/S	___°	___°	___□	___□	___/S	___°	___°	___□	___□		
		STRENGTH	AROM	PROM	POSITION	PAIN	STRENGTH	AROM	PROM	POSITION	PAIN		
KNEE	Flexion	___/S	___°	___°	___□	___□	___/S	___°	___°	___□	___□	RIGHT KNEE	
	Extension	___/S	___°	___°	___□	___□	___/S	___°	___°	___□	___□	LEFT KNEE	
		STRENGTH	AROM	PROM	POSITION	PAIN	STRENGTH	AROM	PROM	POSITION	PAIN		
ANKLE	Dorisflex	___/S	___°	___°	___□	___□	___/S	___°	___°	___□	___□	RIGHT ANKLE	
	Plantarflex	___/S	___°	___°	___□	___□	___/S	___°	___°	___□	___□	LEFT ANKLE	
Inversion		___/S	___°	___°	___□	___□	___/S	___°	___°	___□	___□		
	Eversion	___/S	___°	___°	___□	___□	___/S	___°	___°	___□	___□		

Shoulder/Elbow ROM and Strength

		RIGHT					LEFT						
		STRENGTH	AROM	PROM	POSITION	PAIN	STRENGTH	AROM	PROM	POSITION	PAIN		
SHOULDER	Flexion	___/S	___°	___°	___□	___□	___/S	___°	___°	___□	___□	RIGHT SHOULDER	
	Extension	___/S	___°	___°	___□	___□	___/S	___°	___°	___□	___□		
	Abduction	___/S	___°	___°	___□	___□	___/S	___°	___°	___□	___□		
ER		___/S	___°	___°	Stand □ Sit □	___□	___/S	___°	___°	Stand □ Sit □	___□	LEFT SHOULDER	
	IR	___/S	___°	___°	Stand □ Sit □	___□	___/S	___°	___°	Stand □ Sit □	___□		
		STRENGTH	AROM	PROM	POSITION	PAIN	STRENGTH	AROM	PROM	POSITION	PAIN		
ELBOW	Flexion	___/S	___°	___°	___□	___□	___/S	___°	___°	___□	___□	RIGHT ELBOW	
	Extension	___/S	___°	___°	___□	___□	___/S	___°	___°	___□	___□	LEFT ELBOW	

Fingers ROM

INDEX FINGER	RIGHT SIDE A/P	LEFT SIDE A/P
MP Flex	___/___	___/___
MP Ext	___/___	___/___
MP Adb	___/___	___/___
MP Add	___/___	___/___
PIP Flex	___/___	___/___
PIP Flex	___/___	___/___
DIP Flex	___/___	___/___
DIP Flex	___/___	___/___

LONG FINGER	RIGHT SIDE A/P	LEFT SIDE A/P
MP Flex	___/___	___/___
MP Ext	___/___	___/___
MP Adb	___/___	___/___
MP Add	___/___	___/___
PIP Flex	___/___	___/___
PIP Flex	___/___	___/___
DIP Flex	___/___	___/___
DIP Flex	___/___	___/___

INDEX FINGER	RIGHT SIDE A/P	LEFT SIDE A/P
MP Flex	___/___	___/___
MP Ext	___/___	___/___
MP Adb	___/___	___/___
MP Add	___/___	___/___
PIP Flex	___/___	___/___
PIP Flex	___/___	___/___
DIP Flex	___/___	___/___
DIP Flex	___/___	___/___

LONG FINGER	RIGHT SIDE A/P	LEFT SIDE A/P
MP Flex	___/___	___/___
MP Ext	___/___	___/___
MP Adb	___/___	___/___
MP Add	___/___	___/___
PIP Flex	___/___	___/___
PIP Flex	___/___	___/___
DIP Flex	___/___	___/___
DIP Flex	___/___	___/___

Thumb/Wrist ROM & Grip

WRIST	RIGHT					LEFT					
	STRENGTH	AROM	PROM	POSITION	PAIN	STRENGTH	AROM	PROM	POSITION	PAIN	
Flexion	___/S	___°	___°	___□	___□	___/S	___°	___°	___□	___□	RIGHT WRIST
Extension	___/S	___°	___°	___□	___□	___/S	___°	___°	___□	___□	
Abduction	___/S	___°	___°	___□	___□	___/S	___°	___°	___□	___□	
Adduction	___/S	___°	___°	___□	___□	___/S	___°	___°	___□	___□	LEFT WRIST
Pronation	___/S	___°	___°	___□	___□	___/S	___°	___°	___□	___□	
Supination	___/S	___°	___°	___□	___□	___/S	___°	___°	___□	___□	

THUMB	RIGHT SIDE A/P	LEFT SIDE A/P
MP Flex	___/___	___/___
MP Ext	___/___	___/___
IP Flex	___/___	___/___
IP Ext	___/___	___/___
CMC Flex	___/___	___/___
CMC Flex	___/___	___/___
CMC Abduction	___/___	___/___
CMC Adduction	___/___	___/___

GRIP STRENGTH	
RIGHT	LEFT
1.	_____
2.	_____
3.	_____
4.	_____
5.	_____

Cervical/Lumbar Spine

CERVICAL SPINE:

AROM					
FB _____ ° <input type="checkbox"/> PAIN	SBR _____ ° <input type="checkbox"/> PAIN	SBL _____ ° <input type="checkbox"/> PAIN	RR _____ ° <input type="checkbox"/> PAIN	RL _____ ° <input type="checkbox"/> PAIN	BB _____ ° <input type="checkbox"/> PAIN
PROM					
FB _____ ° <input type="checkbox"/> PAIN	SBR _____ ° <input type="checkbox"/> PAIN	SBL _____ ° <input type="checkbox"/> PAIN	RR _____ ° <input type="checkbox"/> PAIN	RL _____ ° <input type="checkbox"/> PAIN	BB _____ ° <input type="checkbox"/> PAIN

THORACIC SPINE: _____

LUMBAR SPINE:

AROM					
FB _____ % <input type="checkbox"/> PAIN	SBR _____ % <input type="checkbox"/> PAIN	SBL _____ % <input type="checkbox"/> PAIN	RR _____ % <input type="checkbox"/> PAIN	RL _____ % <input type="checkbox"/> PAIN	BB _____ % <input type="checkbox"/> PAIN
PROM					
FB _____ % <input type="checkbox"/> PAIN	SBR _____ % <input type="checkbox"/> PAIN	SBL _____ % <input type="checkbox"/> PAIN	RR _____ % <input type="checkbox"/> PAIN	RL _____ % <input type="checkbox"/> PAIN	BB _____ % <input type="checkbox"/> PAIN

Assessment: _____

Functional status and goals:

Prior functional status: Date: _____

Current functional status: Date: _____

Short term goals:

1. _____
2. _____
3. _____
4. _____
5. _____

Long term goals:

1. _____
2. _____
3. _____
4. _____
5. _____