

PHYSICAL EXAM

NAME _____

DATE _____

BIRTH DATE _____

STUDENT ID # _____

MUSCULOSKELETAL ASSESSMENT

AREA	NORMAL	ABNORMAL	COMMENTS
NECK			
SPINE			
LOW BACK/PELVIS			
SHOULDERS			
ROTATOR CUFF			
ELBOWS			
WRISTS			
HANDS/FINGERS			
HIPS			
HAMSTRINGS			
KNEES			
ANKLES			
FEET			
CLEARED TO PARTICIPATE IN SPORT <input type="radio"/>		PENDING CONSULTATION <input type="radio"/>	
CLINICIAN'S NAME		CREDENTIAL	
CLINICIAN'S SIGNATURE		ADDITIONAL NOTES	
PHONE	DATE		