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Orthopedic physiotherapy evaluation form wmOrthopedic physiotherapy evaluation form wmAarti SundaranThis orthopedic physiotherapy evaluation form collects extensive patient information including chief complaints, medical history, symptoms, physical examination findings, functional assessment, special tests, problem list, and treatment plan. The physical examination involves assessment of range of motion, muscle strength, reflexes, sensory function, gait, balance, hand function and coordination. Objective findings are recorded for vital signs, limb measurements, posture, scars, swelling and deformities. A functional independence measure evaluates self-care, sphincter control, mobility, locomotion and communication abilities. Goals, diagnosis and individualized treatment are then outlined.CIMT presentation for APCPCIMT presentation for APCPCIMTukConstraint Induced Movement Therapy (CIMT) is an evidence-based rehabilitation technique for improving upper limb function after stroke or cerebral palsy. It involves restraining the unaffected limb while intensively training the affected limb for several hours per day. Studies show CIMT leads to cortical reorganization and improved real-world arm use. The key elements are restraint of the less affected side and intensive task-specific training of the affected side. CIMT protocols have been developed for both adults and children with varying durations and intensities depending on the individual. Long-term follow up studies show benefits can persist for years after treatment.Management of spasticityManagement of spasticityManasi KulkarniThis document discusses the management of spasticity through pharmacological, surgical, and physiotherapy approaches. Pharmacological management includes medications like baclofen, tizanidine, and diazepam which can help reduce spasticity but have side effects like sedation. Botulinum toxin injections target specific muscles to weaken them. Surgical options are neurostimulation or neuroablative procedures like peripheral neurotomies. Physiotherapy includes sustained stretching, positioning, serial casting, orthotics, strength training, Roods approach, and modalities like TENS, heat, and cold therapy. Studies show these approaches can effectively reduce spasticity without increasing weakness. Management must be tailored toClinical electro physio assessmentClinical electro physio assessmentRaghavendra ChalikwarThis document provides information on clinical electrophysiological assessment including nerve conduction studies, electromyography, and needle EMG. It discusses the purpose and parameters of these tests in evaluating nerves, muscles, and CNS pathways. Key points covered include the equipment used, recording procedures, physiological principles, and evaluation of evoked potentials through analysis of amplitude, latency, conduction velocity and other parameters.Neuro PT AssessmentNeuro PT AssessmentDr Samir JadavDr. Samir Jadav conducted a neuro assessment of an unnamed patient which included collecting demographic details, reviewing chief complaints, history, vital signs, pain assessment, physical examination of posture, palpation findings, cranial nerve assessment, sensory and motor function testing, gait assessment, and differential diagnosis formulation to evaluate the patient's neurological status.Functional evaluation scalesFunctional evaluation scalesDrHimanshuPatel2The document discusses several functional evaluation scales used in physical therapy assessments including the Functional Reach Test (FRT), Berg Balance Scale, Modified Ashworth Scale, Glasgow Coma Scale, and Timed Up and Go Test (TUG). It provides details on the objectives, methods, and scoring for each test.Muscle tone and Deep tendon reflex assessmentMuscle tone and Deep tendon reflex assessmentshuchij10The document discusses various types of muscle tone abnormalities including hypertonia, hypotonia, spasticity, rigidity, dystonia, and their clinical presentations and assessments. Spasticity is characterized by velocity-dependent resistance to stretch and may result in contractures and functional limitations. Rigidity differs from spasticity in being independent of movement velocity. Various assessments of tone are discussed including observation of posture and movement, palpation of muscles, passive range of motion testing, scales like the Modified Ashworth Scale, and reflex testing.Manual musle testingManual musle testingVertilia DesyThe document provides guidelines for physiotherapists on how to properly perform manual muscle testing of the upper and lower extremities, including defining different muscle grades, techniques for administering tests, basic principles like taking time, providing clear instructions to patients, and ensuring consistency. The goal is to objectively evaluate muscle strength to inform treatment planning and monitor patient progress.Musculoskeletal Assessment (Principles and Concepts for Physiotherapists)Musculoskeletal Assessment (Principles and Concepts for Physiotherapists)Sreeraj S RThis document provides information about musculoskeletal assessment for physiotherapists. It discusses when assessment should occur, what it should include, and principles of subjective and objective assessment. For subjective assessment, it describes collecting information on history, pain history, and red flags. For objective assessment, it discusses observing gait, posture, deformities, skin changes, and performing palpation and special tests. Assessment aims to gather information on a patient's musculoskeletal issues through subjective reporting and objective examination.Special testsSpecial testsKliff DeunaThis document describes various special tests used to evaluate the cervical spine and shoulders. It provides the patient position, positive sign, clinical significance, and procedure for each test. Some of the tests described include Spurling's test and Jackson's test for the cervical spine, load and shift test and apprehension test for the shoulder, and supraspinatus test and drop arm test to assess the rotator cuff. The document serves as a reference for physical therapists and other clinicians to choose the appropriate orthopedic tests based on the patient's symptoms and medical history.Assessment of shoulderAssessment of shoulderDr. Nithin Nair (PT)This document provides an overview of performing an examination of the shoulder, including assessing functional anatomy, subjective factors, and objective tests. It describes the resting and closed pack positions of the glenohumeral, acromioclavicular, and sternoclavicular joints. Subjective factors covered include symptoms, aggravating/relieving factors, and past history. The objective examination involves observation, palpation, range of motion testing, strength testing, and multiple special tests to assess various structures like the labrum, biceps, rotator cuff, nerves. The goal is a thorough subjective and physical assessment of the shoulder.Electro diagnostic tests pptElectro diagnostic tests pptKanchan SharmaThe document discusses electrodiagnostic tests like electromyography (EMG), nerve conduction velocity (NCV) tests, and evoked potentials (EP) which are used to study the nervous system. EMG involves inserting needle electrodes into muscles to record electrical activity, NCV tests how quickly electrical signals move through nerves, and EP stimulates nerves or parts of the body to measure response in the brain. Together these tests can provide information about nerve and muscle injuries, diseases, and help guide treatment.Biomechanical principles of orthoticsBiomechanical principles of orthoticsMayank AnthwalThis document discusses principles for designing orthotic devices. It explains that pressure is equal to force divided by area, so a larger contact area means less force on the skin. It also describes how a three-point pressure system creates equal pressure when three balancing forces sum to zero. Finally, it notes that orthotic devices are often designed with long metal or plastic components to increase the moment arm and reduce the magnitude of force needed at joints. Designers should ensure adequate padding, equal pressure distribution, and suitable length to provide effect while limiting skin irritation and shear forces.Motor relearning programMotor relearning programDr. Satish PimpaleThe document describes the Motor Re-Learning Program (MRP), an approach to improving motor control after stroke. The MRP focuses on relearning daily activities through task-oriented practice and is based on theories of distributed motor control. The summary is: 1. The MRP involves analyzing tasks, practicing missing components, practicing whole tasks, and transferring learning to other contexts. 2. Intervention follows four steps - analyzing the task, practicing missing components, practicing the whole task, and transferring learning.3. The program evaluates and improves functions like upper limb use, sitting, and walking through identifying normal movement and compensatory strategies.Assessment of cervical spineAssessment of cervical spinekhushali52This document discusses the assessment of the cervical spine. It begins with an introduction to the anatomy and biomechanics of the cervical spine. It then describes taking a patient history, including questions about pain and symptoms. The examination involves observation, palpation, range of motion testing, muscle strength testing, sensory testing, and special tests like Spurling's test. Diagnostic imaging options like x-rays, CT scans, and MRI are also discussed.CYRIAX TECHNIQUES.pptxCYRIAX TECHNIQUES.pptxsakshiupadhyay88Dr. James Cyriax developed Cyriax techniques in the early 1900s as a systematic approach to soft tissue injuries. The techniques involve selective tissue tension testing to diagnose lesions, followed by treatments like deep friction massage, passive movements, and active exercises. Deep friction massage uses longitudinal or transverse forces to separate tissue fibers and relieve pain. Passive movements can be graded from low-force range-of-motion to high-velocity small-amplitude thrusts. Active exercises prevent immobilization effects and maintain tissue integrity. Together, Cyriax techniques aim to accurately diagnose and beneficially treat soft tissue disorders.Neural tissue mobilizationNeural tissue mobilizationDr. Vitthalrao Vikhe Patil Foundation's College of Physiotherapy, AhmednagarA 3 part system - Mechanical interface a/k/s nerve bed consist of bone, tendon, muscle, Ivdisc, ligaments, fascia, blood vessels. - Neural structures brain, nerve roots, C.N, peripheral nerves, spinal cord - Innervated tissues all tissues which are innervated by nervous system. Neck & trunk rom measurementNeck & trunk rom measurement The document describes the starting position, range of motion, precautions, and factors limiting range of motion for various neck and trunk motions including flexion, extension, rotation, lateral flexion, and hyperextension. The neck motions include flexion from 0-45 degrees, extension from 45-0 degrees, rotation from 0-60 degrees to each side, and lateral flexion from 0-45-60 degrees to each side. Trunk motions include flexion of approximately 4 inches, hyperextension of 2 inches, and lateral flexion and rotation measuring differences in distances between starting and ending positions using landmarks like spinous processes.Voluntary Control and Assessment Physiotherapy Perspective.pptxVoluntary Control and Assessment Physiotherapy Perspective.pptxSusan JoseThis document discusses voluntary control of movements and assessment methods. Voluntary control is the ability to produce and control movements volitionally and adapt to tasks and the environment. Normal synergy involves linked muscles acting cooperatively, while abnormal synergy is stereotypical and non-adaptable. Assessment can be qualitative using grading scales or quantitative using tools like the Fugl-Meyer Assessment which evaluates motor function, sensation, balance, and range of motion. The Trunk Impairment Scale assesses trunk control in sitting and coordination. Good assessment informs effective treatment.Assessment and Management of Frozen ShoulderAssessment and Management of Frozen ShoulderThe Arm ClinicThe Arm Clinic's Mr Mike Walton presents his thoughts on assessment and management of Frozen Shoulder. Presentation for The Arm Clinic educational event #stiffshoulder at The Wilmslow Hospital, 29th April 2016. Hand evaluationHand evaluationamrit kaurThis document provides an overview of how to evaluate the hand. It discusses the anatomy of the hand including bones, muscles, nerves and arteries. It describes taking a patient history and examining the hand for range of motion, deformities, palpation, observation, and functional assessment including grip strength and pinch tests. It also discusses evaluating the hand for conditions like edema and outlines tools used for various assessments.Scapular dyskinesisScapular dyskinesisTony TomposScapular dyskinesis refers to abnormal static positioning or dynamic motion of the scapula during arm elevation and is associated with shoulder injury. It has multiple potential causes including muscle weakness or imbalance. The document discusses the muscular attachments of the scapula, types of scapular dyskinesis, its effects on dynamic stability and shoulder strength, assessment methods, and rehabilitation treatments focusing on strengthening the lower trapezius and serratus anterior muscles to achieve optimal scapular positioning.H reflex (Hoffmann's Reflex)H reflex (Hoffmann's Reflex)Murtaza SyedThe document discusses the H-reflex, which is a monosynaptic reflex elicited by electrically stimulating sensory neurons that monitor muscle stretch. Specifically: - The H-reflex was discovered in 1918 and involves stimulating Ia fibers that monitor muscle stretch rate, which triggers a reflex response through the spinal cord and back to the same muscle. - It is consistently obtained by stimulating the tibial nerve below the knee and recording from the gastrocnemius-soleus muscle, but can also be recorded in the median nerve and femoral nerve. - To record the H-reflex, active and reference electrodes are placed on the calf muscles and ground electrode is placed between the stimulating and active electrodes.Physiotherapy Case presentation Physiotherapy Case presentation Syed AdilCase of Prolapse intervertebral Disc, lumbar disc prolapse, case, physiotherapy management, Assessment, recent Advance, orthopaedic case presentation, musculoskeletal physiotherapy case presentation, orthopaedic physiotherapy, case of a low back pain patient, lumbar radiculopathy, final year,Tests for shoulder jointTests for shoulder jointAarti SareenThis document discusses various special tests used to evaluate the shoulder joint. It provides details on range of motion tests and impingement tests for the rotator cuff as well as tests for the acromioclavicular joint, bicep tendon, and shoulder instability. Impingement is classified based on the cause and grade. Specific tests described include Neer's impingement test, Hawkins-Kennedy test, empty can test, and others. Tests for the acromioclavicular joint, biceps tendon, and shoulder instability include the painful arc test, Yergason test, anterior apprehension test, and more.SpasticitySpasticitypratigya deujaSpasticity is defined as a velocity-dependent increase in muscle tone and exaggerated tendon reflexes caused by hyperexcitability of the stretch reflex. It results from an upper motor neuron lesion and can occur in conditions like spinal cord injury, multiple sclerosis, and cerebral palsy. Spasticity is classified based on severity from mild to severe and causes increasing tightness, spasms, and loss of functional abilities. Treatment involves pharmacological management with drugs like baclofen, physical therapy including stretching and range of motion exercises, and in severe cases surgery such as baclofen pump implantation or tendon lengthening.Evidence based practice in physiotherapy.pptxEvidence based practice in physiotherapy.pptxDrNamrataManeThe document discusses evidence-based practice (EBP) in physical therapy. It defines EBP as integrating the best research evidence, clinical expertise, and patient values and describes the 5 steps of EBP as formulating a question, finding evidence, appraising evidence, implementing evidence, and evaluating outcomes. The document also explores barriers to EBP, such as lack of time and understanding of statistics, and facilitators, like access to online research summaries.Neurological physiotherapy evaluation_form_2_0Neurological physiotherapy evaluation_form_2_0Iram MemanThe neurological physiotherapy evaluation form collects subjective and objective assessment data from a patient in several domains: 1) It records the patient's personal history including chief complaints, medical history, symptoms, and vital signs. 2) On objective examination, it evaluates various body systems including sensory, motor, and neurological functions through tests of range of motion, strength, coordination, and reflexes. 3) It also includes a systems review and functional assessment using the Functional Independence Measure to evaluate self-care, sphincter control, mobility, locomotion, and social skills. 4) The evaluation concludes by listing problems identified, functional diagnoses, and proposed short- and long-term treatment goals.Clinical examination paraplegiaClinical examination paraplegiaAbino DavidThis document provides a detailed outline for examining a patient with paraplegia. It begins with the history of present illness including date of onset, mode of onset, precipitating factors, and evolution of paralysis. It then discusses the patient's past medical history, family history, and sensory symptoms. The remainder of the document outlines the physical examination, including assessments of the spine, nervous system, motor functions, sensory functions, reflexes, and other body systems. Neurological Physiotherapy Evaluation Form I. Subjective Assessment Name: Age: Gender: M/F Occupation: Handedness: R/L Address: Chief Complaints: Past Medical History: Personal History: Family History: Socioeconomic History: Symptoms History: Side: Site: Onset: Duration: Type: Severity: Aggravating Factors: Relieving Factors: Vital Signs: Temperature: Heart Rate: Blood Pressure: Respiratory Rate: Referred by: IP/OP II. Objective Examination a) ON OBSERVATION: Attitude of limbs: Built: Posture: Gait: Pattern of Movement: Mode of Ventilation: Type/ Pattern of Respiration: Oedema: Muscle Wasting: Pressure Sores: Deformity: Wounds: External Appliances: b) ON PALPATION Warmth: Tenderness: Tone: Swelling: c) ON EXAMINATION HIGHER MENTAL FUNCTIONS Level of Consciousness: Orientation: Person: Place: Time: Memory: Immediate: Recent: Remote: Verbal: Visual: Communication: Cognition: Fund of Knowledge: Calculation: Proverb Interpretation: Attention: Emotional Status: Perception: Body Scheme/ Body Imaging: Agnosias/ Apraxias: Special Senses: Cranial Nerves: Nerves Comments Nerves I - Olfactory VII - Facial II - Optic VIII - VestibuloCochlear III - Oculomotor IX - Glossopharyngeal IV - Trochlear X - Vagus V - Trigeminal XI - Accessory VI - Abducent XII - Hypoglossal Comments SENSORY SYSTEM: Upper Extremity Location Sensation Rt. Lt Lower Extremity Rt. Lt. Trunk Rt. Lt. Superficial Pain Temperature Touch Pressure Deep Mov. Sense Pos. Sense Vibration Cortical Tactile Localization 2 pt. discrimination Stereognosis Barognosis Graphesthesia Texture Recognition Double Simultaneous Stimulation MOTOR SYSTEM: Muscle Girth: Area Rt.(cm.) Lt.(cm.) Arm Forearm Thigh Calf Voluntary Control: Side Upper Limb Lower Limb Rt. Lt. Comments Range of Motion: Joint Shoulder Elbow Forearm Wrist Hand & Fingers Hip Knee Ankle & foot Side Movement Limitation Limiting factor Cervical Spine Thoracic Spine Lumbar Spine Limb Length Side True Apparent Rt.(cm.) Lt.(cm.) Muscle Tone: Muscles Rt. Lt. Muscles Shoulder Hip Flexors Flexors Extensors Extensors Abductors Abductors Adductors Adductors External Rotators External Rotators Internal Rotators Internal Rotators Elbow Knee Flexors Flexors Extensors Extensors Forearm Ankle Pronators Dorsiflexors Supinators Plantarflexors Wrist Foot Flexors Invertors Extensors Evertors Radial Deviators Intrinsics Ulnar Deviators Extrinsics Hand Intrinsics Extrinsics Rt. Lt. Muscle Power: Muscles Rt. Lt. Muscles Shoulder Hip Flexors Flexors Extensors Extensors Abductors Abductors Adductors Adductors External Rotators External Rotators Internal Rotators Internal Rotators Elbow Knee Flexors Flexors Extensors Extensors Forearm Ankle Pronators Dorsiflexors Supinators Plantarflexors Wrist Foot Flexors Invertors Extensors Evertors Radial Deviators Intrinsics Ulnar Deviators Extrinsics Hand Intrinsics Trunk Flexors Extrinsics Trunk Extensors Trunk Side Flexors Trunk Rotators Rt. Lt. Reflexes: Reflex Superficial Left Right Abdominal Plantar Deep Biceps Brachioradialis Triceps Knee Ankle Pathological: Coordination: Non Equilibrium Tests Rt. Lt. Equilibrium tests Finger to nose Standing: Normal Posture Finger opposition Standing: Normal Posture with vision occluded Mass Grasp Standing: Feet together Pronation/Supination Standing on one foot Rebound test Standing: Lateral trunk flexion Tapping (Hand) Tandem walking Tapping (Foot) Walk: Sideways Heel to knee Walk: Backward Drawing a circle(Hand) Walk in a circle Drawing a circle(Foot) Walk on heels Walk on toes Grade Involuntary Movements: Balance: Sitting: Standing: Balance Reactions: Posture: Lying: Sitting: Standing: Gait Step Length: Stride Length: Base width: Cadence: Biomechanical Deviations: Hand Functions: Reaching: Grasping: Releasing: Assisstive Devices: III. Systems Review: INTEGUMENTARY SYSTEM: Skin Status: Pressure Sores: RESPIRATORY SYSTEM: RS Status: Secretions: Pattern of breathing: Chest wall/Thoracic spine deformity: CARDIOVASCULAR SYSTEM CVS Status: Deep Vein Thrombosis: MUSCULOSKELETAL SYSTEM Contractures: Subluxations: Joint mobility: Other pathology: BLADDER & BOWEL FUNCTIONS Incontinence: GASTROINTESTINAL SYSTEM Status: AUTONOMIC SYSTEM Vasomotor: Pseudomotor: Trophic Changes: Postural Hypotension: Reflex Sympathetic Dystrophy: IV. Functional Assessment: (The Functional Independence Measure) Evaluation 1: Selfcare Item 1. Food Item 2. Care of appearance Item 3. Hygiene Item 4. Dressing upper body Item 5. Dressing lower body Evaluation 2: Sphincter control Item 6. Control of bladder Item 7. Control of bowel movements Evaluation 3: Mobility Item 8. Bed, chair, wheel chair Item 9. To go to the toilets Item 10. Bath-tub, shower Evaluation 4: Locomotion Item 11. Go, wheel chair Item 12. Staircases Evaluation 5: Communication Item 13. Auditive comprehension Item 14. Verbal expression Evaluation 6: Social adjustment/cooperation Item 15. Capacity to interact and to socially communicate Item 16. Resolution of the problems Item 17. Memory Investigation Findings: Problem List: Sl. Impairment Functional Diagnosis: V. Management Goals: Short term: Long term: Treatment:Functional Limitation 0 ratings0% found this document useful (0 votes)461 viewsThis document contains a neurological assessment form for physiotherapy. It collects information about a patient's medical history, current symptoms and impairments, observations of cognitioAI-enhanced title and descriptionSaveSave Physio neuro Ax template For Later0%0% found this document useful, undefined

How to do a neurological physiotherapy assessment. Neuro physiotherapy interview questions. Neck assessment physiotutors. Neuro assessment physiotherapy. Steps of neuro assessment. Neuro assessment physiotherapy notes.