

SPINAL RANGE OF MOTION AND STRENGTH

Name:		PARIS ID:
DOB:	Age:	PHN:
Gender:		Phone:
Home Address:		

Assessment Start Date:

Assessment End Date:

Carried Out By:

Range of Motion

	Pasive	Active
Cervical Extension		
Cervical Flexion		
Cervical Rotation - Right		
Cervical Rotation - Left		
Cervical Side Flexion - Right		
Cervical Side Flexion - Left		
Lumbar Flexion		
Lumbar Extension		
Trunk Rotation - Right		
Trunk Rotation - Left		
Trunk Side Flexion - Right		
Trunk Side Flexion - Left		

Comments and Other (e.g Thoracic movements):

Strength

Strength (cervical, abdominal, spinal extension, etc.):

Posture

Posture (skeletal deformity):

SPINAL RANGE OF MOTION AND STRENGTH

Name:

PARIS ID:

Needs

Need

Post to C/P

Processed

Comments

Casenotes

Note: Once downtime information from this form has been entered in PARIS, shred this working sheet.

----- End of Report -----