

**CONNECTICUT VALLEY HOSPITAL
PHYSICAL THERAPY
SPINAL EVALUATION- Cervical Spine**

- ☐ General Psychiatry Division
☐ Whiting Forensic Division
☐ Addiction Services Division

Name _____

MPI# _____ *Print or Addressograph*

Ward/Unit _____ Date of Admission _____ Date of Birth _____ Age _____

Treating Diagnosis/Chief Complaint: _____

History of Neck Problems: _____

Prior Spinal Surgery: _____

Past Medical History: _____

Anticipated Occupation upon Discharge: _____

Hand Dominance: ☐ Left ☐ Right Height: _____ Weight: _____ BMI: _____

Radiculopathy: ☐ Pain reduced with arm overhead (C5/C6) ☐ Pain reduced with arm cradled (C7)
Posture: ☐ Forward Head ☐ Lateral Tilt: Left/Right ☐ Rounded Shoulders ☐ Protracted Scapulae

Range of Motion: <i>(limited/WNL)</i>	Active		Passive		Comments- <i>(indicate degrees, end feel)</i>
	Left	Right	Left	Right	
Cervical Flexion					
Cervical Extension					
Cervical sidebending					
Cervical rotation					
Axial extension/Chin tuck					
Sidebending with Rotation					
Sidebending/Rotation/Extension					
Sidebending/Rotation/Flexion					

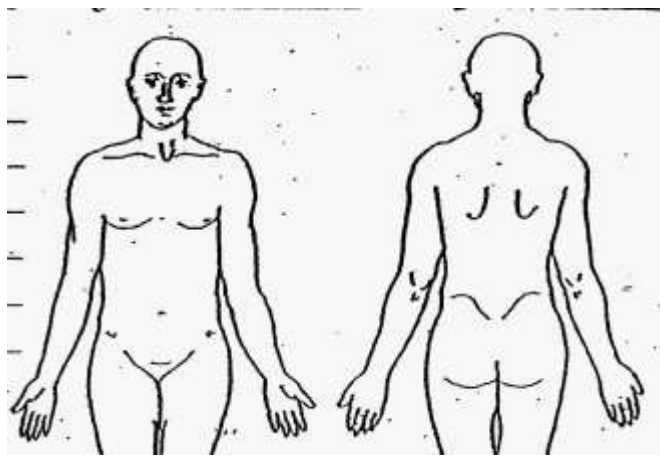
Shoulder Range of Motion: ☐ Within Normal Limits

☐ Limitations: _____

Strength:	Strong & Painfree		Strong & Painful		Weak & Painfree		Weak & Painful	
	Left	Right	Left	Right	Left	Right	Left	Right
Cervical Flexion (C1-C2)								
Shoulder Elevation/Shrug (C3-C4)								
Shoulder Abduction (C5)								
Elbow Flexion/Wrist Extension (C6)								
Elbow Extension/Wrist Flexion (C7)								
Thumb IP Joint Ext/Finger Flex (C8)								
Finger Adduction (T1)								

Comments: _____

Reflexes:	Left				Right				Sensation:	Left		Right	
	0	+1	+2	+3	0	+1	+2	+3		Intact	Deficit	Intact	Deficit
Biceps (C5)									C2- <i>back upper head, under jaw</i>				
Brachioradialis (C6)									C3- <i>post/ant neck</i>				
Triceps (C7)									C4- <i>top shoulder</i>				
Hoffmann's Sign (<i>corticospinal tract</i>)	<input type="checkbox"/> Positive <input type="checkbox"/> Negative								C5- <i>upper chest</i>				
Special Tests: (<i>Compression/Distractio n/Thoracic Outlet/UE Tension/Vertebral Artery</i>)									C6- <i>lat arm & thumb</i>				
									C7- <i>1st/2nd fingers</i>				
									C8- <i>3rd/4th fingers</i>				
									T1- <i>medial arm</i>				



/// stabbing 000 pins & needles xxx burning
 === numbness +++ aching

Pain Description:

Location: _____

Severity: 0 to 10 scale

Now- _____ Best- _____ Worst- _____

Elicited by: _____

Relieved by: _____

Aggravated by: _____

Endurance: _____

Nature:

☐ cramping ☐ aching ☐ shooting

☐ burning ☐ throbbing ☐ tingling

☐ stabbing ☐ sore ☐ numbness

☐ pins/needles ☐ constant ☐ intermittent

☐ duration: _____

☐ radiates: _____

Palpation: (PA glides, lateral & anterior glides, bony landmarks, soft tissue, apprehension, guarding, spasm)

Assessment: _____

Recommendations: _____

Goals: ☐ Independent Understanding of Proper Movement Patterns & Body Mechanics

☐ Independent Exercise Program

☐ Decrease Pain Level from _____ to _____ to permit _____

☐ Normalize Postural Alignment

☐ Other _____

Treatment Plan: ☐ Movement Patterns & Body Mechanics Instructions

☐ Moist Heat

☐ Massage

☐ Mechanical Traction

☐ Manual Traction

☐ Mobilization

☐ Myofascial Release

☐ Electrical Stimulation

☐ Ultrasound

☐ TENS

☐ Patient Education

☐ Physical Medicine Consult

☐ Therapeutic Exercise Program: _____

☐ Other: _____

Frequency of Treatment: _____ Location of Treatment: _____

Assessment and Treatment Plan Discussed with the Patient ☐ Yes ☐ No (Reason) _____

Printed Name and Title of Physical Therapist/ Physical Therapist Signature

Date of Evaluation