







## **NECK ASSESSMENT FORM**

NAME: D.O.B. / / DATE: / / Dominance POSITION:  HISTORY:  Mechanism of Injury  Trauma Stretching Overuse  Front imp Back imp Side imp  Pain  Deep Superficial Burning Aching Radiating  Cough Unilateral Bilateral Headache	
Aggravating Factors: Relieving factors:	EXAMINATION
Symptoms	EXAMINATION
Paresthesia Tingling Weakness Dizziness	L R
	Range of Motion  FLEX (10) PAIN (10) PAIN
LOC	FLEX Normal 80-90° Pain +/-
Functional limitations:	EXT Normal 70° Pain +/-
PAST HISTORY	LAT FLEX Normal: 20-45° Pain +/-
	ROTATION Normal: 70-90° /10 PAIN /10 PAIN
INVESTIGATIONS	Pain +/- RETRACT Ant / Level / Post /10 PAIN /10 PAIN
	Pain +/- Muscle Strength
SPECIAL TESTS	Record L><=R C1/2 C3 C4 C5 C6 C7 T1  Record /5 /5 /5 /5 /5 /5 /5 /5
5. 25. 2 . 25. 5	Reflexes
	Record 0 - 4  LBICEP LTRI R BICEP R TRI
	Special Tests
	QUADRANT /10 PAIN /10 PAIN
	ANT DRAW +/-
	COMP TEST +/-
	SPURLING'S +/-
COMMENTS	DISTRACTION +/-
	ULTT1 Median bias +/-
	ULTT2 Median bias +/-
	ULTT3 Radial bias +/-
	ULTT4
	Ulna bias +/- SH ABD
	Relief +/- VERTEB ART +/-







