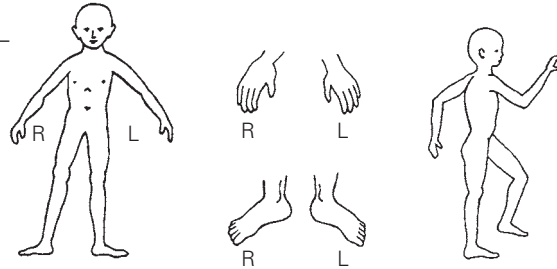
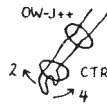


SAMPLE RECORD SHEET FOR PHYSICAL EXAM

Child's name _____
 File number _____

RECORD SHEET 2

Mark on the drawings where development is not typical. Use lines and circles together with abbreviations shown on this page. For example: →
 Where necessary, make new drawings on another sheet.



<p>Parts of body affected</p> <p>L or R _____ other _____ (indicate)</p>	<p>Strength or weakness of muscles: Use this code</p> <p>TYPICAL 5 lifts and holds against strong resistance</p> <p>GOOD 4 moves against some resistance</p> <p>FAIR 3 lifts own weight but no more</p> <p>POOR 2 moves some but cannot lift own weight</p> <p>TRACE 1 barely moves</p> <p>ZERO 0 no sign of movement</p>	<p>T: ability to feel (touch, pain, etc.)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;"></td> <td style="width:15%;">R or L</td> <td style="width:15%;">normal</td> <td style="width:15%;">*reduced</td> <td style="width:15%;">*absent</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>other</td> <td></td> <td></td> <td></td> <td></td> </tr> </table> <p>Problems with _____ *Eyes or sight. What: _____</p> <p>_____ *Ears or hearing. What: _____</p>		R or L	normal	*reduced	*absent											other														
	R or L	normal	*reduced	*absent																												
other																																
<p>OW: Pain OW-J pain in joints OW-M pain in muscles</p> <p>0 none +little ++a lot +++so much that she does not move it</p>	<p>CTR: contractures ___ tight muscles do not yield with pressure</p> <p>SP: spasticity ___ *tight muscles yield slowly with pressure</p>	<p>Deep tendon reflexes:</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;"></td> <td style="width:15%;">*nothing 0</td> <td style="width:15%;">*little +</td> <td style="width:15%;">normal ++</td> <td style="width:15%;">*brisk +++</td> <td style="width:15%;">*extreme ++++</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Other _____</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		*nothing 0	*little +	normal ++	*brisk +++	*extreme ++++													Other _____											
	*nothing 0	*little +	normal ++	*brisk +++	*extreme ++++																											
Other _____																																
<p>Spine hunchback (kyphosis) side ways curve (scoliosis) sway back (lordosis) hard bump (TB?)</p> <p>curve fixed ___ curve can straighten (see p. 161)</p>	<p>HT: hips tilt</p> <p>R leg shorter _____ L leg shorter _____ by _____ cm</p>	<p>DL: dislocations:</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"></td> <td style="width:10%;">R</td> <td style="width:10%;">L</td> <td style="width:10%;">from birth</td> <td style="width:10%;">old</td> <td style="width:10%;">new</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>other _____</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		R	L	from birth	old	new																			other _____					
	R	L	from birth	old	new																											
other _____																																
<p>* Spina bifida</p> <p>soft sac _____ *large head (hydrocephalus) _____</p> <p>back already operated ___ date _____ head already operated ___ date _____ extent of paralysis _____ extent of feeling lost _____</p>	<p>*Spinal cord injury what level _____</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;"></td> <td style="width:15%;">Good</td> <td style="width:15%;">Poor</td> <td style="width:15%;">None</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Bowel control</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Bladder control</td> <td></td> <td></td> <td></td> </tr> </table>		Good	Poor	None					Bowel control				Bladder control				<p>Other problems</p> <p>___ *pressure sores ___ *unusual movements ___ *tremors ___ *seizures ___ *poor balance ___ *developmental delay</p>														
	Good	Poor	None																													
Bowel control																																
Bladder control																																

IMPORTANT: This form does **not** cover all the tests and information you will want to record when examining a child. Put other information on the back of this sheet. Or use separate sheets or forms.

If you check any problem area marked with a star (), a more complete check of the nervous system is needed. You can use the RECORD SHEETS 3, 4, and 6.