

Physiotherapy Assessment – Exercise Therapy

Participant: _____ Study number: _____

Date: _____

TELEPHONE:

Home: _____ Work/Mobile: _____

DIAGNOSIS: _____

Patient Sticker	Physiotherapist:..... Signature: Date:
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Present Condition: Worsening Unchanging Improving

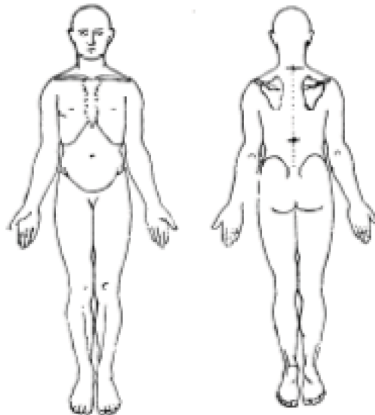
Location of pain _____

Constant Intermittent

Nature _____

Other MSK problems affecting ability to exercise e.g. shoulder pain, TKJR

History of Present Condition:



SYMPTOMS	AGGRAVATING	EASING

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24 hour pattern:

Morning	During day	Night: Disturbed sleep? Y <input type="checkbox"/> N <input type="checkbox"/> Reason: Sleep position:
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Drug History (Tick if taking):

Osteoporosis medications _____

Anticoagulants _____ Pain relief _____

Other medications _____

Past Medical History (Tick if applicable):

General health description: _____

Heart Lungs Allergy to latex Smoke Alcohol

Cauda Equina

Past illness _____

Past surgery _____

Communications considerations:

Hearing difficulties Visual impairments

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Social History: Living alone Lives with others _____
 Working _____ Retired _____

Mobility Assessment: Circle relevant level

Walking distance	Stairs	Aid Use
Unlimited	Normal (reciprocal)	None
500m-1km	One step at a time	Stick outdoors
100-500m	Down with rail	Stick always
<100m	Up & down with rail	2 sticks
Housebound	Unable down	2 Crutches
Unable	Unable	Walking frame
		Wheeled walker

Current level of Exercise: (What do they do regularly each week for fitness?)

Confidence/Beliefs regarding exercise:

Falls History: (Note if any recent falls)

Expectations of physiotherapy:

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Aims of physiotherapy:

Objective Assessment:

General observations (including posture and willingness to move, atrophy, gait, etc)

Base line measures:

Sit to stand in 1 minute _____ Step ups in 1 minute _____

Sit to stand in 1 minute _____ Step ups in 1 minute _____

Neurological testing if indicated:

Reflexes - NAD Myotomes – NAD Dermatomes – NAD
 Anomalies found _____

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 Anomalies found _____

Active Range of movement:	In sitting	In standing
Cervical spine		
Thoracic spine		

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Lumbar spine		
Shoulders		

Strength Assessment					
Level of strength (circle level)					
Cervical extensors (chin tucks)	1	2	3	4	5
Trunk extensors	1	2	3	4	5
Core strength (four point kneeling)	1	2	3	4	5
Scapula retraction	1	2	3	4	5
Shoulder elevation	1	2	3	4	5

Balance assessment: Tick if able to perform confidently without losing balance and for more than 10 seconds – refer SPPB outcome score to determine starting level.

Balance Testing			
Please circle level achieved. Must achieve level 2 (hold 10sec) to advance from a) to b) to c).			
	a) Side-by-side	b) Semi-tandem	c) Tandem
2. Held for 10 sec			
1. Held for <10 sec; number of seconds held	2 1 – state time ____sec	2 1 – state time ____sec	2 1 – state time ____sec
0. Not attempted	0	0	0

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Analysis:

Known osteoporosis affecting level _____

Strengthening programme required at level _____

Irritability: Nil Moderate High

Considerations to exercise therapy (e.g.: unable to lie supine, asthmatic, shoulder pathology, diabetes)

Patient Sticker

Physiotherapist:.....

Signature:

Date: