PEDIATRIC PHYSICAL EXAM — POST MVA

Date of examination _____ Date of MV accident _____

Child's Name _____ Sex M F DOB _____ Age _____

Does child complain of pain? No ☐ Yes ☐ Time lost from school No ☐ Yes ☐ _____ days

Chief Complaint _____ Onset _____ Hrs/Days/Wks post MVA

Other complaint _____ Onset _____ Hrs/Days/Wks post MVA

Pain level Intense pain ☐ Persistent pain ☐ Pain with motion ☐ None apparent ☐

Inspection

Edema ☐ _____ Hematoma ☐ _____ NAD ☐

Posture Evaluation

Limping		Antalgic		Head tilt		Head rot'n		Shoulder high		Pelvis high		NAD
L	R	L	R	L	R	L	R	L	R	L	R	
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Paraspinal Examination

	Cervical			Thoracic			Lumbar			
	L	B/L	R	L	B/L	R	L	B/L	R	
Myospasm visible	☐	☐	☐	☐	☐	☐	☐	☐	☐	NAD ☐
Myospasm palpable	☐	☐	☐	☐	☐	☐	☐	☐	☐	NAD ☐
Tenderness to palpation	☐	☐	☐	☐	☐	☐	☐	☐	☐	NAD ☐

Palpable tenderness

Head ☐ Neck ☐ Thorax ☐ Abdomen ☐ Extremities ☐ NAD ☐

Orthopedic Tests

	L	B/L	R	NAD		L	B/L	R	NAD
Cervical compression	☐	☐	☐	☐	Kemp's	☐	☐	☐	☐
Shoulder depression	☐	☐	☐	☐	Soto Hall +(ve)		☐		☐

Range of Motion Testing

Cervical Spine	NAD	Restriction	Pain with motion	Pain location
Lat. Flexion	☐	L ☐ ☐ R	L ☐ ☐ R	_____
Rotation	☐	L ☐ ☐ R	L ☐ ☐ R	_____
Flexion	☐	☐	☐	_____
Extension	☐	☐	☐	_____

Thoracolumbar	NAD	Restriction	Pain with motion	Pain location
Lat. Flexion	☐	L ☐ ☐ R	L ☐ ☐ R	_____
Rotation	☐	L ☐ ☐ R	L ☐ ☐ R	_____
Flexion	☐	☐	☐	_____
Extension	☐	☐	☐	_____

Spinal Exam

_____ C0 _____
_____ C1 _____
_____ C2 _____
_____ C3 _____
_____ C4 _____
_____ C5 _____
_____ C6 _____
_____ C7 _____
_____ T1 _____
_____ T2 _____
_____ T3 _____
_____ T4 _____
_____ T5 _____
_____ T6 _____
_____ T7 _____
_____ T8 _____
_____ T9 _____
_____ T10 _____
_____ T11 _____
_____ T12 _____
_____ L1 _____
_____ L2 _____
_____ L3 _____
_____ L4 _____
_____ L5 _____
_____ SI _____
_____ Sac _____
_____ TMJ _____
_____ Frntl _____
_____ Sph _____
_____ Prtl _____
_____ Tmprl _____
_____ Occpt _____

PEDIATRIC PHYSICAL EXAM — POST MVA

NEUROLOGICAL EXAM

Muscle Stretch Reflexes (DTR)

		0	1+	2+	3+		0	1+	2+	3+
Biceps	Left	☐	☐	☐	☐	Right	☐	☐	☐	☐
Triceps	Left	☐	☐	☐	☐	Right	☐	☐	☐	☐
Brachioradialis	Left	☐	☐	☐	☐	Right	☐	☐	☐	☐
Patella	Left	☐	☐	☐	☐	Right	☐	☐	☐	☐
Achilles	Left	☐	☐	☐	☐	Right	☐	☐	☐	☐

Sensory Examination

	NAD	Anesthesia	Paresthesia	Pain	Dermatome
Upper extremity	☐	L ☐ R	L ☐ R	L ☐ R	_____
Lower extremity	☐	L ☐ R	L ☐ R	L ☐ R	_____

Muscle Strength

Neck		Left	Right	
Flexors	Grade	_____	_____	SCM, Scalenes
Extensors	Grade	_____	_____	Splenius, Semispinalis, Capitis, Trapezius
Rotation	Grade	_____	_____	SCM
Lat. flexion	Grade	_____	_____	Scalenes
Upper Extremity				
Deltoid	Grade	_____	_____	C5
Biceps	Grade	_____	_____	C5-6
Wrist extensors	Grade	_____	_____	C6-7
Wrist flexors	Grade	_____	_____	C7
Triceps	Grade	_____	_____	C7
Wrist flexors	Grade	_____	_____	C7
Finger flexors	Grade	_____	_____	C8
Interossei	Grade	_____	_____	T1
Lower Extremity				
Tibialis anterior	Grade	_____	_____	L4
Ext. Hallucis Longus	Grade	_____	_____	L5
Gluteus Medius	Grade	_____	_____	L5
Peronei	Grade	_____	_____	S1
Gluteus Maximus	Grade	_____	_____	S1
Gastrocs & Soleus	Grade	_____	_____	S1-2

Normal = 5 Good = 4 Fair = 3 Poor = 2 Trace = 1 Zero = 0

Diagnosis _____

Severity Minimal ☐ Mild ☐ Moderate ☐ Severe ☐

CHIROPRACTIC CARE PLAN

Visits each week / month	_____	Re-exam scheduled for	_____
Spinal adjustment	☐ _____	Physiotherapy	☐ _____
Extremity adjust	☐ _____	Myofascial release	☐ _____
Cranial adjustment	☐ _____	Support (Neck brace, etc)	☐ _____
Home care	☐ _____	Nutritional supplements	☐ _____