

Lumbosacral Examination

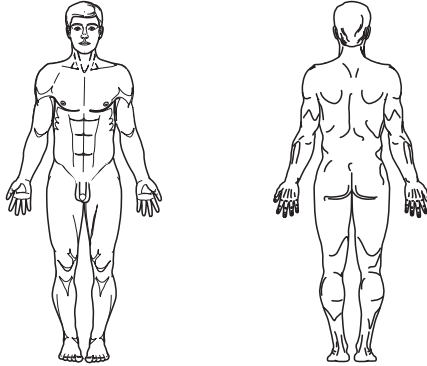
Patient Name: _____ Date: _____

Diagnosis: _____ Examiner: _____

Vital Signs: Pulse: _____ Blood Pressure: _____ / _____ / _____ L R Respiration: _____ Temperature: _____

Inspection/Palpation:

- P = Pain
- X = Trigger Points
- B = Bleeding
- S = Swelling
- C = Contusion
- L = Laceration
- H = Hot



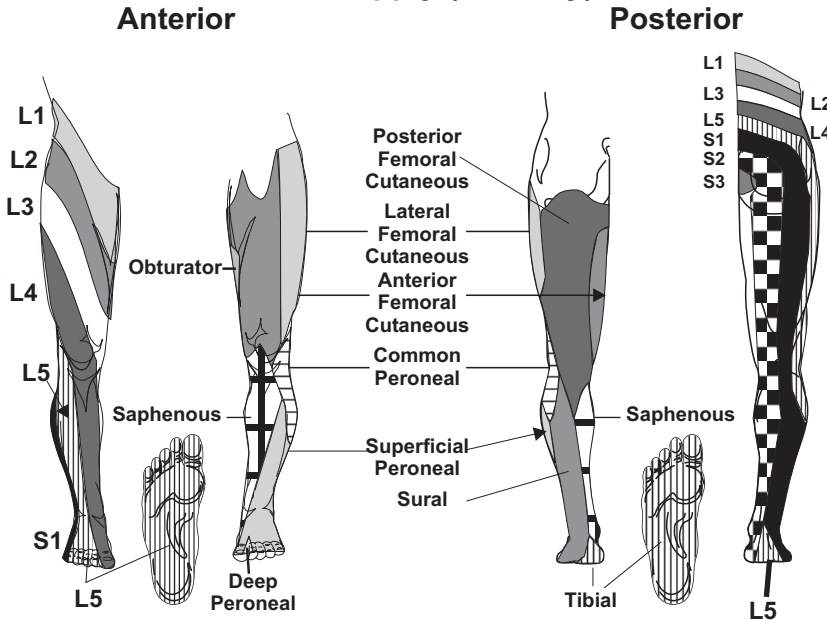
Range of Motion:

Activity	Normal	Active
Lumbar Flexion	60	
Lumbar Extension	25	
Sacral/Hip Flexion	45	
Sacral/Hip Extension	5	
Left Lateral	25	
Right Lateral	25	

Muscle Testing/Myotomes:

Muscle	Strength	
	L	R
Quadratus Lumborum		
Psoas (L2,3)		
Iliacus (L2,3)		
Piriformis (S1,2)		
Abdominals		
Hamstrings (L5):		
Medial		
Lateral		
Quadriceps (L2-4):		
Rectus Femoris		
Vastus Lateralis		
Vastus Medialis		
Sartorius (L2-3)		
Gracilis (L3)		
Tensor Fascia Lata (L5)		
Gluteus Min/Med (L5)		
Adductors (L4)		
Gluteus Maximus (S1)		
Tibialis Anterior (L4)		
Tibialis Posterior (L4)		
Peroneus Long/Brev (L5)		
Peroneus Tertius (L5)		
Gastrocnemius (S1)		
Soleus (S1)		

Nerve Supply (Sensory):



Reflexes:	L	R
Patella (L4)		
Achilles (S1)		

Circumferential	L	R
Thigh		
Calf		

Orthopedic: _____

Neurological: _____

Antalgia: _____ Special: _____