

Low Back Examination Form

P-3

Patient's Name: _____ Date: ____ / ____ / ____

Outcome Measures	Initial Date	Exam Date	Exam Date
	/ /	/ /	/ /
Questionnaires	Score	Score	Score
Fear-Avoidance Beliefs - FABQ-IW-6	[]	[]	[]
Pain Catastrophizing Questionnaire - PCS-EN	[]	[]	[]
Modified Zung Depression - IW-9	[]	[]	[]
Oswestry LBPQ - OLBQP-IW-4	[]	[]	[]

Ortho Tests / Lumbar																		
Kemp's Test	P	N	R	L	LBP	P	N	R	L	LBP	P	N	R	L	LBP			
Yeoman's Test	P	N	R	L	LBP	P	N	R	L	LBP	P	N	R	L	LBP			
Nachlas Test	P	N	R	L	LBP	P	N	R	L	LBP	P	N	R	L	LBP			
Ely Test	P	N	R	L	LBP	P	N	R	L	LBP	P	N	R	L	LBP			
Straight Leg Raising Test	P	N				P	N				P	N						
Well Leg Raising Test	P	N	R	L	LBP	P	N	R	L	LBP	P	N	R	L	LBP			
Bragard's Test	P	N				P	N				P	N						
Minor's Sign	Present			Absent			Present			Absent			Present			Absent		
Waddell's Tests	1/5	2/5	3/5	4/5	5/5	1/5	2/5	3/5	4/5	5/5	1/5	2/5	3/5	4/5	5/5			
Dejerine's Triad	Present			Absent			Present			Absent			Present			Absent		
Mannkopf's Sign	Present			Absent			Present			Absent			Present			Absent		

Range of Motion	Lumbar	Lumbar	Lumbar
	F =	F =	F =
	E =	E =	E =
	RR =	RR =	RR =
	LR =	LR =	LR =
	RF =	RF =	RF =
	LF =	LF =	LF =

Sensory Testing	Lumbar	Lumbar	Lumbar
	[] Level R L	[] Level R L	[] Level R L

Deep Tendon Reflexes	Lumbar	Lumbar	Lumbar
[] Level	R: [] L: []	R: [] L: []	R: [] L: []
[] Level	R: [] L: []	R: [] L: []	R: [] L: []

Muscle Strength Neuro L	Lumbar	Lumbar	Lumbar
[] Level	R: [] L: []	R: [] L: []	R: [] L: []
[] Level	R: [] L: []	R: [] L: []	R: [] L: []
[] Level	R: [] L: []	R: [] L: []	R: [] L: []

Spasm	Lumbar	Lumbar	Lumbar
	R L Bilateral	R L Bilateral	R L Bilateral
	R L Bilateral	R L Bilateral	R L Bilateral
	R L Bilateral	R L Bilateral	R L Bilateral
	R L Bilateral	R L Bilateral	R L Bilateral

Joint Dysfunction	Lumbar	Lumbar	Lumbar
	[] Level	[] Level	[] Level
	[] Level	[] Level	[] Level

Edema / Other Findings	Lumbar	Lumbar	Lumbar

Physician's Signature: _____