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
Cervical compression	☐	☐	☐	☐
Shoulder depression	☐	☐	☐	☐

	L	B/L	R	NAD
Kemp's	☐	☐	☐	☐
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 _____