

History Questions, Observations, Palpations

HISTORY

- ☐ How did it happen (MOI)?
- ☐ What happened?
- ☐ When did it happen?
- ☐ Where did it happen?
- ☐ Did it ever happen before? If so, what was done?
- ☐ What type of pain are you having? Rate it.
- ☐ Did you hear any unusual sounds (snap, pop)?
- ☐ Any medications and/or allergies?
- ☐ Could you continue, or do you have to stop activity?
- ☐ Any change in training regime?
- ☐ Any previous surgeries and/or medical conditions?

Specific – LE

Specific – UE

Specific – Trunk

Pt. with one finger
What activities increase/decrease
Protective equipment/orthotics

OBSERVATIONS – GENERAL

- ☐ Ecchymosis/discoloration
- ☐ Swelling
- ☐ Deformity
- ☐ Scars
- ☐ Hypertrophy/atrophy
- ☐ Symmetry – posture, gait

Specific – LE

Specific – UE

Specific – Trunk

PALPATIONS

- ☐ Bones
- ☐ Muscles
- ☐ Ligaments
- ☐ Others – bursa, nerves, fat pads