

# Thorax/Abdomen Evaluation

**Name:** \_\_\_\_\_ **Sport:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**BP:** \_\_\_\_\_ **HR:** \_\_\_\_\_ **Practice** \_\_\_\_\_ **Game** \_\_\_\_\_ **Evaluator:** \_\_\_\_\_

## HISTORY

- a. Location of pain. \_\_\_\_\_
- b. Onset of symptoms \_\_\_\_\_
- c. Mechanisms of injury \_\_\_\_\_
- d. Symptoms \_\_\_\_\_
- \_\_\_\_\_
- e. Previous history \_\_\_\_\_
- \_\_\_\_\_
- f. General medical health \_\_\_\_\_
- \_\_\_\_\_

## OBSERVATION

- a. Breathing Pattern \_\_\_\_\_
- b. Guarding Pattern \_\_\_\_\_
- c. Discoloration of skin \_\_\_\_\_
- d. Vomiting \_\_\_\_\_
- e. Hematuria \_\_\_\_\_ :
- f. Auscultation \_\_\_\_\_

## PALPATION

**RULE OUT A FRACTURE (POSITIVE - NEGATIVE)**    **COMPRESSION** \_\_\_\_\_    **PERCUSSION** \_\_\_\_\_    **DISTRACTION** \_\_\_\_\_

	<b>Tender</b>	<b>Crepitis</b>
<b>Rib Cage:</b>		
1. Sternum	Yes - No	Yes - No
2. Costal cartilage and rib	Yes - No	Yes - No
<b>Abdomen</b>		
3. Muscle guarding	Yes - No	Yes - No
4. Areas of pain	Yes - No	Yes - No
5. Rebound tenderness	Yes - No	Yes - No
6. Percussion	Yes - No	Yes - No
7. Quadrant analysis	Yes - No	Yes - No

## ASSESSING MOTION

	General ROM	Goniometer	End Feel	Muscle Testing w/Gravity	Muscle Testing w/out Gravity
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**RATINGS**

<b>General ROM</b>	(Painfull-Limited-Full)
<b>Goniometer</b>	(Percentage of Angle)
<b>End Feel</b>	Normal (Bony - Soft Tissue Apposition - Soft Tissue Stretch - Capsular Stretch) Abnormal (Hard - Soft- - Firm - Springy Block - Empty - Spasm)
<b>Muscle Testing w/Gravity</b>	(5 4 4- 3+ 3 3- 2+)
<b>Muscle Testing w/out Gravity</b>	(2 2- 1+ 1 0)

## STRESS TEST

(+1 +2 +3)

Resistive Tennis Elbow Test (cozen's Test)	L _____	R _____	Resistive Tennis Elbow Test	L _____	R _____
Passive Tennis Elbow Test	L _____	R _____	Hyperextension Test	L _____	R _____
Elbow Flexion Test	L _____	R _____	Varus Stress Test	L _____	R _____
Tinel Sign	L _____	R _____	Valgus Stress Test	L _____	R _____
Pinch Grip Test	L _____	R _____			

**NEUROLOGICAL EXAM  
(POSITIVE - NEGATIVE)**

REFERRED PAIN PATTERN \_\_\_\_\_  
\_\_\_\_\_

**CIRCULATORY EXAM  
(POSITIVE - NEGATIVE)**

**FUNCTIONAL TESTS**

**NOTES**

Impression: \_\_\_\_\_  
\_\_\_\_\_

Referral: Emergency Room \_\_\_\_\_  
\_\_\_\_\_

Physician's Office: \_\_\_\_\_

Acute Management: Crutches\_\_\_\_ Posterior Splint\_\_\_\_ Compression Bandage\_\_\_\_ Air Cast \_\_\_\_ Vacuum Splint\_\_\_\_ Speedi Splint\_\_\_\_

Diagnostic Tests:  
X-rays: Anterior/Posterior view  
Lateral view  
Mortis view  
Anterior/Posterior view with stress

BoneScan: \_\_\_\_\_