

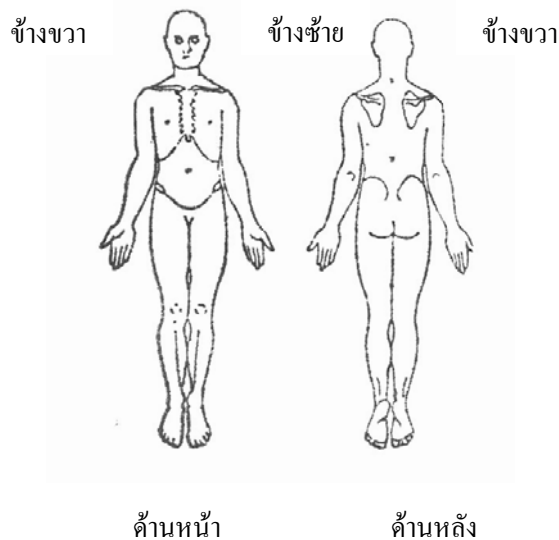
APPENDIX G  
PHYSICAL THERAPY ASSESSMENT RECORDFORM (THAI)

ชื่อผู้ป่วย.....

## แบบบันทึกการประเมินทางกายภาพบำบัดผู้ป่วยระบบกระดูกและกล้ามเนื้อ

### Subjective Examination

#### Site of pain



#### Pain description (frequency, duration, pattern)

#### Date of Onset

#### Early symptom

#### Cause of symptom/Mechanism of injury

24/24 hrs. AM

PM

Night

#### Aggravating and relieving factor

#### Medical history

#### Family history

#### Past history

**Job characteristic** e.g. job description, mobility of body, frequency of mobility or activity, work environment etc.

### Objective Examination

**Observation** (Bony Alignment / muscle contour, Position / posture, Movement pattern / gait analysis)

**Active movements** (pattern of movement, ROM and pain at any range)

- Single movements

- Functional movements

**Passive movements** (Passive physiological movements / Passive accessory movements (Joint play movements))

**Resisted Isometric Test**

**Muscle length test**

**Neural tissue tension test** (Median nerve / Radial nerve / Ulna nerve / Sciatic nerve / Femoral nerve)

**Neurological examination** (Motor (Muscle power) / Reflex / Sensation (touch or pinprick or temperature))

**Palpation**

**Special tests**

ลงชื่อ .....

นักกายภาพบำบัดผู้ตรวจ

วันที่.....