

Orthopaedic Examination

Normal	Abnormal	COMMENT
		Neck:
		Right Shoulder:
		Left Shoulder:
		Right Elbow:
		Left Elbow:
		Right Wrist:
		Left Wrist:
		Right Hand/Fingers:
		Left Hand/Fingers:
		Back:
		Right Hip:
		Left Hip:
		Right Groin:
		Left Groin:
		Right Quad/Hamstring:
		Left Quad/Hamstring:
		Right Ankle:
		Left Ankle:
		Right Foot/Toes:
		Left Foot/Toes:
		Right Knee:
		ROM:
		Effusion:
		McMurray's:
		Patella:
		ACL/PCL:
		MCL/LCL:
		Left Knee:
		ROM:
		Effusion:
		McMurray's:
		Patella:
		ACL/PCL:
		MCL/LCL:

Orthopaedic Examining Physician: _____

(Signature)