

Date of Exam: _____ Name of Physician: _____ Tel. #: _____

PHYSICAL EXAMINATION

Comments (Page 1 of 2)

OTOLOGIC: External Trauma? Yes No
 Perforated drum? Yes No

NOSE: Instability? Yes No
 Recent trauma Yes No
 Obstruction? Yes No

OROPHARYNX: Loose teeth? Yes No

FACE: Recent trauma? Yes No
 Jaw and Temporomandibular Joints.
 Normal _____ Abnormal _____

ADENOPATHY: Yes No

LUNGS: Normal _____ Abnormal _____

CARDIOVASCULAR: Blood Pressure (supine) _____ (upright) _____
 Heart rate (supine) _____ (after 2 minutes of exercise)

ABDOMEN: Normal _____ Abnormal _____

HERNIAS: Yes No

TESTES: Normal _____ Abnormal _____

GYNECOLOGICAL EXAMINATION (WOMEN MMA CONTESTANTS):
 Normal _____ Abnormal _____

ATTACH FINDS OF H.C.G. SERUM PREGNANCY TEST.

MUSCULOSKELETAL:	<u>Normal</u>	<u>Abnormal</u>	<u>Comments</u>
Hands	<input type="checkbox"/>	<input type="checkbox"/>	
Wrists	<input type="checkbox"/>	<input type="checkbox"/>	
Elbows	<input type="checkbox"/>	<input type="checkbox"/>	
Shoulder Girdle	<input type="checkbox"/>	<input type="checkbox"/>	
Lower Extremities	<input type="checkbox"/>	<input type="checkbox"/>	

NEUROLOGIC:
 Mental Status: Orientation _____ /3
 5-minute recall _____ /3

	<u>Normal</u>	<u>Abnormal</u>
Cranial Nerves	<input type="checkbox"/>	<input type="checkbox"/>
Strength	<input type="checkbox"/>	<input type="checkbox"/>
Tone	<input type="checkbox"/>	<input type="checkbox"/>
Gait	<input type="checkbox"/>	<input type="checkbox"/>
<u>Coordination:</u>		
Finger-to-Nose	<input type="checkbox"/>	<input type="checkbox"/>
Tandem Gait	<input type="checkbox"/>	<input type="checkbox"/>

DEEP TENDON REFLEXES

(USE SCALE 0 - 4+ INDICATE PLANTAR RESPONSE WITH ARROW)



NORMAL FOR TANDEM GAIT
 ABILITY TO WALK 10 FT. FORWARD
 AND BACKWARD, HEEL TO TOE, AFTER TWO
 TRAINING TRIES

