

Physical assessment module: The following is a checklist for you to record your findings from the physical exam of the patient with acute whiplash associated disorder. Please refer to the standardized assessment manual for instructions on how to perform each of the tests below. It is important that you perform the assessment in the way outlined in the manual, even if it is not the technique that you would normally use. A standardized assessment technique is a requisite part of a test with good inter-tester reliability, and is necessary for our findings to be valid.

Physical assessment				
1. During the subjective exam, does the patient report symptoms on one side more than the other?	<input type="checkbox"/> Worse on right	<input type="checkbox"/> Worse on left	<input type="checkbox"/> Equal both sides or centrally	
2. Check any of the following <u>active</u> movements that <u>reproduce any of the patient's symptoms</u> , regardless of the severity of the invoked symptoms: <input type="checkbox"/> Patient unwilling to move in any direction	<input type="checkbox"/> Flexion	<input type="checkbox"/> Extension	Rotation <input type="checkbox"/> Right <input type="checkbox"/> Left	Side flexion <input type="checkbox"/> Right <input type="checkbox"/> Left
3. Is the patient <u>restricted</u> in <u>active</u> cervical flexion?	<input type="checkbox"/> No	<input type="checkbox"/> Restricted a little (able to move >50% of normal)	<input type="checkbox"/> Restricted a lot (able to move <50% of normal)	<input type="checkbox"/> Unwilling to move
4. Is the patient <u>restricted</u> in <u>active</u> cervical extension?	<input type="checkbox"/> No	<input type="checkbox"/> Restricted a little (able to move >50% of normal)	<input type="checkbox"/> Restricted a lot (able to move <50% of normal)	<input type="checkbox"/> Unwilling to move
5. Is the patient <u>restricted</u> in <u>active</u> cervical <i>right</i> rotation?	<input type="checkbox"/> No	<input type="checkbox"/> Restricted a little (able to move >50% of normal)	<input type="checkbox"/> Restricted a lot (able to move <50% of normal)	<input type="checkbox"/> Unwilling to move
6. Is the patient <u>restricted</u> in <u>active</u> cervical <i>left</i> rotation?	<input type="checkbox"/> No	<input type="checkbox"/> Restricted a little (able to move >50% of normal)	<input type="checkbox"/> Restricted a lot (able to move <50% of normal)	<input type="checkbox"/> Unwilling to move

7. Is the patient <u>restricted</u> in <u>active</u> cervical <i>right</i> side flexion?	<input type="checkbox"/> No	<input type="checkbox"/> Restricted a little (able to move >50% of normal)	<input type="checkbox"/> Restricted a lot (able to move <50% of normal)	<input type="checkbox"/> Unwilling to move
8. Is the patient <u>restricted</u> in <u>active</u> cervical <i>left</i> side flexion?	<input type="checkbox"/> No	<input type="checkbox"/> Restricted a little (able to move >50% of normal)	<input type="checkbox"/> Restricted a lot (able to move <50% of normal)	<input type="checkbox"/> Unwilling to move
9. Assessment of the TMJ				
(a) Do you appreciate any abnormal auditory or palpatory events, such as popping, clicking, locking, or crepitus?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Unable to test	
(b) Is there obvious (>50%) restriction on opening or lateral trusion ?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Unable to test	
(c) Is there significant, abnormal deviation from the midline during full opening?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Unable to test	
<i>If the patient reports pain during any of these tests, check here:</i>	<input type="checkbox"/> pain			
10. Sensation to light touch:				
(a) Check the box if the patient is <u>not able</u> to feel the 3.61 monofilament at the lateral elbow crease on the:	Right <input type="checkbox"/> can't feel	Left <input type="checkbox"/> can't feel	<input type="checkbox"/> Unable to test	
(b) Check the box if the patient is <u>not able</u> to feel the 2.83 monofilament at the:				
(i) Pad of the thumb?	<input type="checkbox"/> can't feel	<input type="checkbox"/> can't feel	<input type="checkbox"/> Unable to test	
(ii) Pad of the little finger?	<input type="checkbox"/> can't feel	<input type="checkbox"/> can't feel	<input type="checkbox"/> Unable to test	
(iii) Dorsum of the wrist?	<input type="checkbox"/> can't feel	<input type="checkbox"/> can't feel	<input type="checkbox"/> Unable to test	
11. Compared to the opposite side, do you appreciate weakness of <u>forearm pronation</u> on the most affected/dominant side?				
<input type="checkbox"/> No	<input type="checkbox"/> Yes			
Check here if the patient reports pain during this test:	<input type="checkbox"/> in the neck or shoulder girdle			
<input type="checkbox"/> Unable to test	<input type="checkbox"/> locally			

<p>12. Compared to the opposite side, do you appreciate weakness of the <u>wrist extensors</u> on the most affected/dominant side?</p> <p>Check here if the patient reports pain during this test:</p> <p><input type="checkbox"/> Unable to test</p>	<p><input type="checkbox"/> No</p> <p><input type="checkbox"/> in the neck or shoulder girdle</p> <p><input type="checkbox"/> locally</p>		<p><input type="checkbox"/> Yes</p>
<p>13. Compared to the opposite side, do you appreciate weakness of the <u>elbow flexors</u> on the most affected/dominant side?</p> <p>Check here if the patient reports pain during this test:</p> <p><input type="checkbox"/> Unable to test</p>	<p><input type="checkbox"/> No</p> <p><input type="checkbox"/> in the neck or shoulder girdle</p> <p><input type="checkbox"/> locally</p>		<p><input type="checkbox"/> Yes</p>
<p>14. Compared to the opposite side, do you appreciate weakness of the <u>elbow extensors</u> on the most affected/dominant side?</p> <p>Check here if the patient reports pain during this test:</p> <p><input type="checkbox"/> Unable to test</p>	<p><input type="checkbox"/> No</p> <p><input type="checkbox"/> in the neck or shoulder girdle</p> <p><input type="checkbox"/> locally</p>		<p><input type="checkbox"/> Yes</p>
<p>15. Does general cervical traction change any of the patient's symptoms? Ask specifically about worsening <i>and</i> improvement.</p>	<p><input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes – worsens</p> <p><input type="checkbox"/> Yes – improves</p>	<p><input type="checkbox"/> Unable to perform</p>
<p>16. Does general cervical compression with slight side-flexion reproduce any of the patient's symptoms?</p>	<p><input type="checkbox"/> No</p>	<p>Yes</p> <p><input type="checkbox"/> With left SF <input type="checkbox"/> With right SF</p>	<p><input type="checkbox"/> Unable to perform</p>
<p>17. Is the patient able to lift his/her head off the bed while lying supine?</p>	<p><input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes – easily</p>	<p><input type="checkbox"/> Yes – with difficulty</p>
<p>18. Record the patient's pressure pain <u>threshold</u> at the muscle belly of the <i>tibialis anterior</i>. Instructions to the patient:</p> <p><i>“Please tell me the moment the sensation changes from comfortable pressure to slightly unpleasant pain.”</i></p>	<p>Right: (3 tests)</p> <p>1. _____ lbs</p> <p>2. _____ lbs</p> <p>3. _____ lbs</p>	<p>Left: (3 tests)</p> <p>1. _____ lbs</p> <p>2. _____ lbs</p> <p>3. _____ lbs</p>	<p><input type="checkbox"/> Unable to test</p>
<p>19. Record the patient's pressure pain <u>threshold</u> at the angle of the <i>upper trapezius</i> muscle. Instructions to the patient:</p> <p><i>“Please tell me the moment the sensation changes from comfortable pressure to slightly unpleasant pain.”</i></p>	<p>Right: (3 tests)</p> <p>1. _____ lbs</p> <p>2. _____ lbs</p> <p>3. _____ lbs</p>	<p>Left: (3 tests)</p> <p>1. _____ lbs</p> <p>2. _____ lbs</p> <p>3. _____ lbs</p>	<p><input type="checkbox"/> Unable to test</p>