

Sri Sathya Sai Palliative Care Center - Puttaparthi

Physiotherapy Assessment

Date:

Patient ID:

Name:

| Joint | Movement | Passive | | | Active | | | Note |
|----------|-----------------|---------|-----------------------|---------------------------|--------|-----------------------|---------------------------|------|
| | | Y / N | Number of Times a Day | Movements Count Each Time | Y / N | Number of Times a Day | Movements Count Each Time | |
| Shoulder | Flexion | | | | | | | |
| | Extension | | | | | | | |
| | Abduction | | | | | | | |
| | Adduction | | | | | | | |
| | Medial Rotation | | | | | | | |
| | Lateral Rotaion | | | | | | | |
| Elbow | Flexion | | | | | | | |
| | Extension | | | | | | | |
| Wrist | Flexion | | | | | | | |
| | Extension | | | | | | | |
| | Abduction | | | | | | | |
| | Adduction | | | | | | | |
| Fingers | Flexion | | | | | | | |
| | Extension | | | | | | | |
| Hip | Flexion | | | | | | | |
| | Extension | | | | | | | |
| | Abduction | | | | | | | |
| | Adduction | | | | | | | |
| | Medial Rotation | | | | | | | |
| | Lateral Rotaion | | | | | | | |
| Knee | Flexion | | | | | | | |
| | Extension | | | | | | | |
| Ankle | Flexion | | | | | | | |
| | Extension | | | | | | | |

| | | | |
|-----------------------|--|--|--|
| Positioning: | | | |
| Walking: | | | |
| Up in a chair: | | | |
| Massager: | | | |