

**Centers for Rehab Services  
Stage II Lumbar Evaluation**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ SSN: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Diagnosis: \_\_\_\_\_ Referred by: \_\_\_\_\_

Onset: \_\_\_\_/\_\_\_\_/\_\_\_\_ Initial Oswestry Disability Index: \_\_\_\_\_ Initial Numerical Pain Score: \_\_\_\_\_

Medical History:  Reviewed on Intake Form Comments: \_\_\_\_\_

Current History: \_\_\_\_\_

Aerobic Capacity: \_\_\_\_\_ Sub-maximal Treadmill Test: \_\_\_\_\_ Estimated VO<sub>2</sub> Max: \_\_\_\_\_ Other: \_\_\_\_\_

**Strength Tests:**  
**Abdominal Bracing (Supine):**  
 Bracing Only  With Heel Slide  With Leg Lift  With Double Leg Bridging  With Single Leg Bridging  
**Abdominal Bracing (Weight Bearing):**  Bracing Only  With Isometric Torsion  With Walking  
**Side Support:**  
 Knees Flexed  Knees Flexed & Bracing  Knees Extended  Knees Extended & Bracing  Advanced Side Bridge  
**Quadruped (With Bracing):**  Arm Lift  Leg Lift  Opposite Arm & Leg Lift

**Functional Tolerances:**  
**Sitting:**  <15 min  15-30 min  31-45 min  46-60 min **Standing:**  <15 min  15-30 min  31-45 min  46-60 min  
**Walking:** Treadmill: Speed: \_\_\_\_\_ Elevation: \_\_\_\_\_ Duration: \_\_\_\_\_ Pool: Depth: \_\_\_\_\_ Duration: \_\_\_\_\_  
 De-Weighted Treadmill: Assist: \_\_\_\_\_ Speed: \_\_\_\_\_ Elevation: \_\_\_\_\_ Duration: \_\_\_\_\_

**Aberrant Movement:**  Painful Arc in Flexion  Painful Arc Returning From Flexion  Gower's Sign  
 Instability Catch  Reversal of Lumbo-Pelvic Rhythm

**Prone Instability Test:**  Positive  Negative

Length Tests:	Left		Right	
<b>Unilateral Prone Knee Flexion</b> <i>Normal: 120° without pelvic rotation or hip flexion</i>	<input type="checkbox"/> Normal	<input type="checkbox"/> Tight	<input type="checkbox"/> Normal	<input type="checkbox"/> Tight
<b>Supine Hip Flexion with Knee Flexed</b> <i>Normal: 120° without lumbar flexion</i>	<input type="checkbox"/> Normal	<input type="checkbox"/> Tight	<input type="checkbox"/> Normal	<input type="checkbox"/> Tight
<b>Straight Leg Raising</b> <i>Normal: 80° without lumbar flexion or rotation</i>	<input type="checkbox"/> Normal	<input type="checkbox"/> Tight	<input type="checkbox"/> Normal	<input type="checkbox"/> Tight
<b>Two Joint Hip Flexor Test (Thomas Test)</b>				
<b>Iliopsoas</b> <i>Normal: Thigh to table with knee extended</i>	<input type="checkbox"/> Normal	<input type="checkbox"/> Tight	<input type="checkbox"/> Normal	<input type="checkbox"/> Tight
<b>Rectus Femoris</b> <i>Normal: 80° knee flexion</i>	<input type="checkbox"/> Normal	<input type="checkbox"/> Tight	<input type="checkbox"/> Normal	<input type="checkbox"/> Tight
<b>TFL/ITB</b> <i>Normal: Thigh to table without abduction or external rotation</i>	<input type="checkbox"/> Normal	<input type="checkbox"/> Tight	<input type="checkbox"/> Normal	<input type="checkbox"/> Tight

Hip Rotation:	Range of Motion			Pain		
<b>Seated Internal Rotation</b>	<input type="checkbox"/> Symmetrical	<input type="checkbox"/> Left Limited	<input type="checkbox"/> Right Limited	<input type="checkbox"/> Painfree	<input type="checkbox"/> Left Painful	<input type="checkbox"/> Right Painful
<b>Seated External Rotation</b>	<input type="checkbox"/> Symmetrical	<input type="checkbox"/> Left Limited	<input type="checkbox"/> Right Limited	<input type="checkbox"/> Painfree	<input type="checkbox"/> Left Painful	<input type="checkbox"/> Right Painful
<b>Prone Internal Rotation</b>	<input type="checkbox"/> Symmetrical	<input type="checkbox"/> Left Limited	<input type="checkbox"/> Right Limited	<input type="checkbox"/> Painfree	<input type="checkbox"/> Left Painful	<input type="checkbox"/> Right Painful
<b>Prone External Rotation</b>	<input type="checkbox"/> Symmetrical	<input type="checkbox"/> Left Limited	<input type="checkbox"/> Right Limited	<input type="checkbox"/> Painfree	<input type="checkbox"/> Left Painful	<input type="checkbox"/> Right Painful

Comments:	Intervention:		Intervention:	
	Min	Units	Min	Units
			<b>JOBST:</b> Vasopneum	
			<b>*MOB:</b> Joint Mobiliz	
			<b>*MS:</b> Massage	
			<b>*NMR:</b> Neurom Re-Ed	
			<b>*STM:</b> Soft Tissue Mob	
			<b>*TE:</b> Ther Exercise	
			<b>*TMA:</b> Traction-Manual	
			<b>TME:</b> Traction-Mech	
			<b>*US:</b> Ultrasound	
			<b>*UM:</b> Unlisted Modality	
			<b>*UP:</b> Unlisted Proced	

\* Timed Procedure per 15 Min Unit Total Timed Procedure Minutes:

Physical Therapist Signature

Physical Therapist Printed Name