



Orthopedic Exam Form

Patient Name: _____

Date: _____

Client Name: _____

CMI Completed: CSOM COI CBPI

Presenting complaint:

Owner's goals:

Home video findings:

Body Weight: (lbs) _____ kg _____

BCS 1 2 3 4 5 6 7 8 9

Gait Analysis

General Observations	
Walk	
Trot	

Posture

Standing Limb Positions	
Spine/ Pelvis	

Transitions

Sitting Limb Position	
Sit-to-stand	
Stand-to-down	
Down-to-stand	
Other Observations:	

Palpation

Thoracic Limb	Left	Right
Pelvic Limb	Left	Right
Spine		
Other		

Neurologic Screen

Proprioception	LF	RF
	LH	RH
Withdrawal	LF	RF
	LH	RH
Patellar reflex	LH	RH
Posture, neck position, full body shakes		
Concerns from exam (severe pain, ataxic gait, severe atrophy, etc.)		

Range of Motion (Goniometer measurements) Sedated Non sedated

Joint	Right	Left	Normal *
	Flexion/ Extension	Flexion/ Extension	
Shoulder			30-60°/160-170°
Elbow			20-40°/160-170°
Carpus			20-35°/190-200°
Hip			55°/160-165°
Stifle			45°/160-170°
Tarsus			40°/170°

*Source: Millis DL, Levine D, Taylor RA. Canine Rehabilitation & Physical Therapy. St. Louis: Saunders; 2004, p.441

General PE

Patient Attitude		MM/CRT	
Skin/Incision/ Masses		Heart Rate	
Other		Respirations	

ASSESSMENT SUMMARY

GOALS

ADDITIONAL DIAGNOSTICS RECOMMENDED

RECHECK