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| Annual Physical Therapy Visit: Adult Population |  |

# APTA members may download and adapt this form only for use in their practice with individual clients. For all other uses, permission or licensing must be obtained from APTA by contacting [permissions@apta.org](mailto:permissions@apta.org).

This form provides elements and suggested tests and measures for those elements to be included in an annual checkup for the **Healthy Adult** population. Visit [APTA’s Tests & Measures page](https://www.apta.org/patient-care/evidence-based-practice-resources/test-measures) to select alternative tests, as necessary. Forms for other populations are available on [APTA’s Annual Physical Therapy Visit page](https://www.apta.org/patient-care/interventions/annual-checkup).

This annual checkup is designed to take approximately 30 to 60 minutes depending on the client and the presence of chronic disease or disability. It is recommended that, at a minimum, the physical therapist collect and document the data obtained using tests and measures for all elements in each. Additional testing can be performed at the therapist’s discretion.

# Annual Physical Therapy Visit Adult Population Template

**Name of Therapist Completing this Form:** Click here to enter.

**Name of Adult:** Click here to enter.

**Resting heart rate or pulse:** Click here to enter. **Resting blood pressure:** Click here to enter.

**Resting respiratory rate:** Click here to enter. **Oxygen saturation:** Click here to enter.

# Personal Health Profile

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| Goals and Aspirations or Quality of Life |
| Use a standardized tool to collect information on individual’s perception of current health status and future health aspirations.  Suggested measurement scale: [PROMIS Global Health Scale](https://www.apta.org/patient-care/evidence-based-practice-resources/test-measures/patient-reported-outcomes-measurement-information-system-global-10-promis-global-10)  Examples of other options that may satisfy this element: Short-Form Health Surveys ([SF-12](https://www.apta.org/patient-care/evidence-based-practice-resources/test-measures/short-form--12-item-health-survey-version-2-) [SF-36](https://www.apta.org/patient-care/evidence-based-practice-resources/test-measures/medical-outcomes-study-short-form-36-sf-36)) |

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| Demographics | | |
| **Date of Birth:** Click here to enter. | **Sex** (assigned at birth)**:**  Female  Male | |
| **Gender identity:**  Female  Transgender  Male  Non-binary/Gender-nonconforming  Trans-Female  Other Click here to enter.  Trans-Male  Prefer not to say | | **Sexual orientation:**  Straight/Heterosexual  Gay or Lesbian  Bisexual  Other Click here to enter.  Prefer not to say |
| **Ethnicity:**  Hispanic or Latino  Not Hispanic or Latino | | |
| **Race:**  Hispanic, Latino, or Spanish; Click here to enter origin.  Black or African American; Click here to enter origin.  American Indian or Alaska Native; Click here to enter origin.  Chinese, Filipino, Asian Indian, Vietnamese, Korean, Japanese, or Other Asian; Click here to enter origin.  White; Click here to enter origin.  Native Hawaiian, Samoan, Chamorro, or Other Pacific Islander  Prefer to self-describe Click here to enter.  Prefer not to say | | |
| **Occupation and Employment Status:**  Full time  Part time  Unemployed  Retired | **Education Level (highest grade completed):**  K-12  Some college/technical school  College graduate  Graduate school/advanced degree | |
| **Enough food to eat:**  Yes  No  **Adequate housing:**  Yes  No | **Access to health care:**  Insured  Underinsured  Uninsured | |
| **Medical and Surgical History, Including Current Prescription Medications:**  Collect information specifically regarding individual’s medical and surgical history. | | |
| Allergies  Seasonal  Other Click here to enter.  Arthritis  Asthma or other lung disease  Blood disorder  Bone fractures (include locations)  Click here to enter.  Cancer (include type) Click here to enter.  Circulation, vascular problems (including burning or cramping sensation in lower legs when walking short distances)  Depression (See below under emotional status for screen to use)  Diabetes or high blood sugar  Head injury  Heart problems (including heart attack, heart surgery, cardiac catheterization, angioplasty, pacemaker/implantable defibrillator, rhythm disturbance, heart valve disease, heart failure, heart transplant, congenital heart disease)  High cholesterol  Hypertension  Hypoglycemia or low blood sugar | Infectious disease (e.g., tuberculosis, hepatitis)  Kidney problems  Lung problems (including chronic obstructive pulmonary disease)  Major surgery  Type: Click here to enter.  Month/Year: Click here to enter.  Type: Click here to enter.  Month/Year: Click here to enter.  Type: Click here to enter.  Month/Year: Click here to enter.  Multiple sclerosis  Muscular dystrophy  Musculoskeletal problems (list)  Click here to enter.  Osteoporosis  Parkinson disease  Repeated infections  Seizures, epilepsy  Skin diseases or open wounds  Stroke  ☐ Thyroid problems  ☐ Ulcers, stomach problems | |
| **Medical and Surgical History, Including Current Prescription Medications:**  Collect information specifically regarding individual’s medical history within the past year. | | |
| Bowel problems (e.g., constipation, leakage  of gas or stool, irritable bowel syndrome)  Chest pain or chest discomfort with exertion  Chronic cough  Coordination problems  Dizziness, fainting, or blackouts  Difficulty sleeping  Difficulty swallowing  Fever, chills, or sweats  Heart palpitations  Headaches  Hernias  Hoarseness  Loss of appetite | Loss of balance  Nausea/vomiting  Pain that wakes individual at night  Pain with sexual activity  Pelvic or abdominal bloating or pain  Restrictions from scars  Shortness of breath  Urinary problems (e.g., difficulty emptying, leakage during cough or sneeze, leakage  with urgency, leakage while exercising, painful urination, urinary urgency, frequency >12 times per day, frequency >2 times per night)  Weakness or swelling in arms or legs  Weight loss or gain | |
| Specifically regarding the medical history for **men**:  History of prostate disease  Specifically regarding the medical history for **women**:  History of endometriosis  Menstrual cycle (including perimenopausal or menopausal)  Pelvic disorders (e.g., heaviness, sensation of something falling out of vagina)  Pregnancies and pregnancy-related pain (e.g., nerve or joint)  Vaginal and caesarian deliveries  Specifically regarding current prescription medication:  Heart, hypertension, or other prescription medications: Click here to enter.  **Family history** (mother, father, sister, brother, aunt, uncle, grandmother, or grandfather)**:** | | |
| **Relationship to individual:** Click here to enter. | **Age at onset** (if known)**:** Click here to enter. | |
| **Condition:**  Heart disease  Hypertension  Stroke | Diabetes  Cancer  Other Click here to enter. | |
| **Personal Factors:**  At a minimum, collect information regarding client’s preferred communication and learning style, preferred language, [confidence or self-efficacy level](https://www.apta.org/patient-care/evidence-based-practice-resources/test-measures/gse-scale), social support, exposure to [abuse](https://www.apta.org/patient-care/evidence-based-practice-resources/test-measures/partner-violence-screen-) or neglect, and environmental factors that impact personal health (e.g., ergonomics).  Click here to enter. | | |

# Disease Risk Profile

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| Current Health Profile and Behaviors |
| Collect information on individual’s exercise or physical activity, nutrition, smoking, and alcohol use.  **Physical activity:**  What activities do you enjoy? Click here to enter.  What activities do you want to be able to do? Click here to enter.  **Ask questions to determine the time and intensity of physical activity your client gets in a week, such as the following:**  How many days per week are you physically active to a moderate or vigorous degree? Click here to enter.  How many minutes per day are you physically active? Click here to enter.  How many minutes per day/hours per week are you inactive? Click here to enter.  **Ask questions to determine how much muscle strengthening your client performs in a week,  such as:**  How many times a week do you do muscle-strengthening exercises for all major muscle groups? Click here to enter.  Do you do these exercises at a moderate or high intensity?  Moderate  High intensity  For information on activity guidelines and levels of activity required to decrease risk, visit the [adult physical activity webpage](https://www.cdc.gov/physical-activity-basics/guidelines/adults.html) of the Centers for Disease Control and Prevention and [Physical Activity Guidelines for Americans At-A-Glance: A Fact Sheet for Professionals](https://odphp.health.gov/our-work/nutrition-physical-activity/physical-activity-guidelines/current-guidelines) from the Office of Disease Prevention and Health Promotion.  For information on recommended activities for clients, visit the American College of Sports Medicine’s Exercise is Medicine’s [Rx for Health Series](https://www.exerciseismedicine.org/support_page.php/rx-for-health-series/).  **Nutrition:**  How many servings of fruits and vegetables do you eat per day? Click here to enter.  How many servings of processed foods do you eat per day? Click here to enter.  How many cups or ounces of water do you drink per day? Click here to enter.  **Recommended Nutrition screening tools:**  [Starting the Conversation (STC) Tool](https://www.apta.org/patient-care/evidence-based-practice-resources/test-measures/starting-the-conversation-stc)  [Rate Your Plate](https://www.apta.org/patient-care/evidence-based-practice-resources/test-measures/rate-your-plate)  Healthy Eating Vital Sign  [Weight, Activity, Variety and Excess (WAVE) Tool](https://www.apta.org/patient-care/evidence-based-practice-resources/test-measures/weight-activity-variety-and-excess-wave)  [Rapid Eating and Activity Assessment for Patients (REAP)](https://www.apta.org/patient-care/evidence-based-practice-resources/test-measures/rapid-eating-and-activity-assessment-for-patients-reap) |

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| Current Health Profile and Behaviors |
| Collect information on individual’s exercise or physical activity, nutrition, smoking, and alcohol use.  **Smoking:**  Do you smoke cigarettes?  Nonsmoker  Currently smoking  Stopped smoking within past six months  (Consider using the [5 As and 5 Rs for motivational interviewing](https://www.ahrq.gov/prevention/guidelines/tobacco/5rs.html).)  **Alcohol** **use** — [Audit-C Questionnaire](https://www.apta.org/patient-care/evidence-based-practice-resources/test-measures/audit-c-questionnaire)  Frequency of having drinks containing alcohol Click here to enter.  Number of standard drinks containing alcohol on a typical day Click here to enter.  Frequency of having six or more drinks on one occasion Click here to enter.  **Sleep:**  How much sleep do you usually get? Click here to enter.  Do you feel well rested when you wake up?  Yes  No  Is your condition impacting your sleep?  Yes  No If so, how? Click here to enter.  Does anything else impact how you sleep?  Yes  No  How would you rate your sleep quality?  Does being sleepy during the day interfere with your daily function?  Yes  No  Do you have difficulty falling asleep, difficulty returning to sleep if you wake up in the middle of the night,  or difficulty waking up too early? (possible indicator of insomnia if lasting longer than three months)   Yes  No  Do you snore loudly or frequently?  Yes  No  Has anyone observed you stop breathing while you sleep?  (possible indicator of obstructive sleep apnea)  Yes  No  Do you have a strong urge to continually move your legs while you are trying to sleep?  (possible indicator for restless leg syndrome)  Yes  No  **Screening tools:**  Insomnia Severity Index  [STOP-Bang Questionnaire](http://www.stopbang.ca/osa/screening.php)  Restless leg Syndrome — “When you try to relax in the evening or sleep at night, do you ever  have unpleasant, restless feelings in your legs that can be relieved by walking or movement? Click here to enter.  Reference to sleep article: [Siengsukon CF, Al-dughmi M, Stevens S. Sleep Health Promotion:  Practical Information for Physical Therapist Practice. *Phys Ther*. 97(8):826-836](https://academic.oup.com/ptj/article/97/8/826/3831304). |

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| Disease Risk Stratification |
| Identify risk for cardiovascular, pulmonary, or metabolic disease.  [BMI and Waist Circumference](http://www.nhlbi.nih.gov/health/public/heart/obesity/lose_wt/bmi_dis.htm) Index or  Atherosclerotic Cardiovascular Disease (CVD) Risk Factors and Defining Criteria (ACSM’s Guidelines  for Exercise Testing and Prescription, 9th ed. Philadelphia, Pa: Lippincott Williams & Wilkins; 2014)  Click here to enter. |

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| Emotional Status |
| Screen for client’s emotional reactivity using a standardized tool.  Suggested tools:  [PROMIS](https://www.assessmentcenter.net/PromisForms.aspx) Scales for Anxiety, Depression, Fatigue, and Sleep Disturbance or  [Patient Health Questionnaire-9 (PHQ-9)](https://www.apta.org/patient-care/evidence-based-practice-resources/test-measures/phq-9)  Click here to enter. |

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| Hearing |
| Estimate individual’s hearing acuity.  [Perform a hearing screen.](https://www.apta.org/patient-care/evidence-based-practice-resources/test-measures/hearing-screens)  Click here to enter. |

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| Integumentary Status |
| [Screen for moles, rashes, and hypertrophic changes](https://www.aad.org/spot-skin-cancer/understanding-skin-cancer/how-do-i-check-my-skin/how-to-spot-skin-cancer-infographic).  Click here to enter. |

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| Pain |
| Collect data on pain using a standardized tool.  [Numeric Pain Rating Scale](https://www.apta.org/patient-care/evidence-based-practice-resources/test-measures/numeric-pain-rating-scale-nprs) / Visual Analog Pain Scale or  [PROMIS Scale for Pain Interference](https://www.apta.org/patient-care/evidence-based-practice-resources/test-measures/patient-reported-outcomes-measurement-information-system-pain-interference-promis-pain-interference-promis-pi)  Click here to enter. |

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| Vision |
| Estimate visual acuity.  [Snellen Chart](https://www.apta.org/patient-care/evidence-based-practice-resources/test-measures/snellen-chart) ([LiPQRAnk](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2040251/))  Click here to enter. |

# Physical Examination

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| Body Mass |
| [BMI and Waist Circumference Index](https://www.nhlbi.nih.gov/health/educational/lose_wt/BMI/bmi_dis) (also in risk stratification)  Click here to enter. |

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| Mental Functions |
| Are there concerns regarding cognitive function or mental health?  Click here to enter. |

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| Sensation |
| Assess intact protective sensation.  Click here to enter. |

# Physical Performance Examination

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| Aerobic Capacity |
| At a minimum, conduct a field test to estimate aerobic capacity  Suggested test: [6-Minute Walk Test](https://www.apta.org/patient-care/evidence-based-practice-resources/test-measures/6-minute-walk-test-6mwt-for-annual-checkup)  Other possible tests include walk, run, cycle, step, or treadmill tests.  Click here to enter. |

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| Balance |
| *Test for static balance:* [Single-Leg Stance Test](https://www.apta.org/patient-care/evidence-based-practice-resources/test-measures/single-leg-stance) — eyes open. Repeat with eyes closed if individual passes test with eyes open.  *Test for dynamic balance:* Hexagon Agility Test — for individuals under 30 years of age. or  [Four-Square Step Test](https://www.apta.org/patient-care/evidence-based-practice-resources/test-measures/four-square-step-test-fsst) — for individuals between 30 and 60 years of age.  Measure of dynamic standing balance and agility for fast stepping and change in direction; provides  age- and gender-matched norms for individuals 30 to 60 years of age; provides a cut point for risk for falls.  Click here to enter. |

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| Locomotion Speed |
| [10-Meter Walk Test](https://www.apta.org/patient-care/evidence-based-practice-resources/test-measures/10-meter-walk-test-10mwt-for-annual-checkup) (Can combine this with the 6-Minute Walk Test.)  Click here to enter. |

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| Mobility, Flexibility, and Functional Strength |
| *Test for core strength:* **Extensor endurance tests** — Timed trunk extension, flexion, and side bridge right and left; ratio of extension to flexion is functional measure of back strength and muscle endurance as well as predictor of risk of back injury.  *Test for functional strength:* **Five Times Sit-to-Stand** — Measures functional performance of the lower extremities and has age-matched norms for individuals 14 to 89 years of age.  **Push-up Test** — Measures functional performance of the upper extremities and has age- and gender-matched norms for individuals 20 to 69 years of age.  **Hand-held dynamometer/grip strength test** — Measures hand strength; age/gender matched norms  for individuals 20 to 75+ years of age; also a reliable predictor of old-age frailty.  *Test for flexibility:* **Apley scratch test**  **Sit-and-reach test** — Measures functional mobility of upper extremity and shoulder girdle complex; measures functional mobility and length of lumbopelvic flexion; measures hamstring length.  **Seated knee extension** (lumbopelvic and hamstring flexibility).  Click here to enter. |

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| Posture |
| [Categorical static posture classification](https://www.scribd.com/document/393712679/Categorical-Static-Posture-Classification)  Sitting  Standing and  [Rib/pelvis distance](https://www.apta.org/patient-care/evidence-based-practice-resources/test-measures/ribpelvis-distance) (for individuals older than 40): assessment of risk for osteopenia and spinal fractures.  Click here to enter. |

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| Quality of Movement |
| At a minimum, collect observational data related to abnormal movement patterns during activities of daily living (e.g., sit-to-stand, overhead reach, forward reach, floor reach).  Click here to enter. |

# Movement Screen

The movement screen is a tool designed to detect movement impairments observed during functional tasks/activities that will help you decide which additional tests and measures to include in the patient and client examination. The screen is designed to be used for all populations and in all settings. It’s recommended that, where possible, the patient or client performs all tasks so you do not miss relevant issues in systems/areas that you would not automatically think to assess. Since this is a screen and **not** a comprehensive examination, standardized instructions are not included as to how to perform these tasks. When observing the movement the following may be used as a guide:

**Quality of Movement to Observe:**

Speed of Movement — Time to complete the task

Amount of Movement — Amplitude, excursion, ROM of movement required to complete the activity

Symmetry of Movement — There may be natural asymmetries in a task.

Control — Smoothness, coordination, stability, sequencing, timing initiation.

Symptom Alteration — Guarded, shortness of breath, pain alteration.

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| Head Movement | |
| In either sitting or standing, instruct individual to:  Look up to ceiling or sky (extension).  Look down to floor or ground (flexion).  Look over left and right shoulders (rotation).  Bring left and right ear to same side shoulders  (side bending/lateral flexion). | Impaired:  Yes  No  Not Impaired:  Yes  No  Unable to Perform  Symptom Provocation (Activities or Postures That Aggravate or Relieve Symptoms) |

**Changing and Maintaining Body Position:**

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| Rolling | |
| Instruct individual from supine position to:  Roll to the right.  Roll to the left.  Roll to prone. | Impaired:  Yes  No  Not Impaired:  Yes  No  Unable to Perform  Symptom Provocation (Activities or Postures That Aggravate or Relieve Symptoms) |

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| Lying to Sit to Lying | |
| Instruct individual in supine position to rise  to sitting with feet dangling off mat/bed, then  return to supine from dangling position. | Impaired:  Yes  No  Not Impaired:  Yes  No  Unable to Perform  Symptom Provocation (Activities or Postures That Aggravate or Relieve Symptoms) |

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| Sit to Stand to Sit | |
| Instruct individual in a sitting position to rise  to stand, then return to sitting. | Impaired:  Yes  No  Not Impaired:  Yes  No  Unable to Perform  Symptom Provocation (Activities or Postures That Aggravate or Relieve Symptoms) |

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| Squatting | |
| Instruct individual to pretend to pick up a light  object from the floor. | Impaired:  Yes  No  Not Impaired:  Yes  No  Unable to Perform  Symptom Provocation (Activities or Postures That Aggravate or Relieve Symptoms) |

**Mobility:**

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| Crawling / Walking / Running / Wheelchair | |
| Instruct individual to:  Move forward on hands and knees (crawling)  at a comfortable pace  Run at a comfortable pace on a treadmill  or over ground.  Self-propel at a comfortable pace in wheelchair. | Impaired:  Yes  No  Not Impaired:  Yes  No  Unable to Perform  Symptom Provocation (Activities or Postures That Aggravate or Relieve Symptoms) |

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| Step Up and Step Down | |
| Instruct individual to step up and down onto a single step, leading with right foot, then with left foot. | Impaired:  Yes  No  Not Impaired:  Yes  No  Unable to Perform  Symptom Provocation (Activities or Postures That Aggravate or Relieve Symptoms) |

**Hand and Arm Use:**

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| Reaching | |
| Instruct individual in a sitting or standing position to:  Raise both arms over head as if reaching for an object on a high shelf.  Put both hands behind head.  Put both hands behind back. | Impaired:  Yes  No  Not Impaired:  Yes  No  Unable to Perform  Symptom Provocation (Activities or Postures That Aggravate or Relieve Symptoms) |

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| Grasping | |
| Instruct individual to hold and release object first with right hand then with left hand (this can be  any object, including therapist’s fingers). | Impaired:  Yes  No  Not Impaired:  Yes  No  Unable to Perform  Symptom Provocation (Activities or Postures That Aggravate or Relieve Symptoms) |

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| Manipulating | |
| Instruct individual, using first one hand and then  the other, to pick up an object and manipulate it (e.g., pick up a pencil, crayon, or toy and move  it to the right). | Impaired:  Yes  No  Not Impaired:  Yes  No  Unable to Perform  Symptom Provocation (Activities or Postures That Aggravate or Relieve Symptoms) |

# Summary

Based on the history and screen, check which systems require additional examination (check all that apply):

Cardiovascular/pulmonary  Musculoskeletal

Integumentary  Neuromuscular

# Other Individualized Tests as Necessary

**Category Description or name for information collected**

1. Click here to enter. Click here to enter.
2. Click here to enter. Click here to enter.
3. Click here to enter. Click here to enter.

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**Contact:** [practice@apta.org](mailto:practice@apta.org)