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| Annual Physical Therapy Visit: Adult Population |  |

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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.assessmentcenter.net/PromisForms.aspx)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.ptnow.org/tests-detail/medical-outcomes-study-short-form36-sf36)) |

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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 surgeryType: 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 diseaseSpecifically 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 deliveriesSpecifically 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 intensityFor information on activity guidelines and levels of activity required to decrease risk, visit the [adult physical activity webpage](http://www.cdc.gov/physicalactivity/everyone/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](http://www.health.gov/PAGuidelines/factsheetprof.aspx) 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) [APTA is in the process of obtaining permission to reprint]Rate Your PlateHealthy 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)](file:///C%3A%5CUsers%5Crachelmiller%5CAppData%5CLocal%5CMicrosoft%5CWindows%5CINetCache%5CContent.Outlook%5CPEDT3A57%5C%20https%5Cwww.apta.org%5Cpatient-care%5Cevidence-based-practice-resources%5Ctest-measures%5Crapid-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 [ ]  NoIs your condition impacting your sleep? [ ]  Yes [ ]  No If so, how? Click here to enter.Does anything else impact how you sleep? [ ]  Yes [ ]  NoHow would you rate your sleep quality? Does being sleepy during the day interfere with your daily function? [ ]  Yes [ ]  NoDo 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 [ ]  NoDo you snore loudly or frequently? [ ]  Yes [ ]  NoHas anyone observed you stop breathing while you sleep? (possible indicator of obstructive sleep apnea) [ ]  Yes [ ]  NoDo 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](https://www.ons.org/sites/default/files/InsomniaSeverityIndex_ISI.pdf) [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 orAtherosclerotic 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[Major depression: 3 screening questions](https://www.apta.org/patient-care/evidence-based-practice-resources/test-measures/major-depression-3-screening-questions)Click here to enter. |

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| Hearing |
| Estimate individual’s hearing acuity.Ask: “Do you feel you have a hearing loss?” and[Calibrated finger rub auditory screening test (CALFRAST)](file:///C%3A%5CUsers%5Crachelmiller%5CAppData%5CLocal%5CMicrosoft%5CWindows%5CINetCache%5CContent.Outlook%5CPEDT3A57%5C%20https%5Cwww.apta.org%5Cpatient-care%5Cevidence-based-practice-resources%5Ctest-measures%5Ccalibrated-finger-rub-auditory-screening-test-calfrast--)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](https://www.assessmentcenter.net/PromisForms.aspx) Scale for Pain InterferenceClick 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 capacitySuggested 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](https://www.apta.org/patient-care/evidence-based-practice-resources/test-measures/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)SittingStanding 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 [ ]  NoNot 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 [ ]  NoNot 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 [ ]  NoNot 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 [ ]  NoNot 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 [ ]  NoNot 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 [ ]  NoNot 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 [ ]  NoNot 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 [ ]  NoNot 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 [ ]  NoNot 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 [ ]  NoNot 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