

APMC Patient Visit Form

Date _____ Patient Name _____ Intravet# _____

CC/PP _____ Wt _____

HX/Notes _____

Medications	Supplements	Herbals

Cervical Spinal palp NE WNL ++++ Voluntary excursions NE WNL RL RR RU RD
 Trapezius NE WNL ++++ R L Cleidocerv/omotrans NE WNL ++++ R L

Comments _____

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Forelegs	Left Carpus NE WNL +++++	Left Elbow NE WNL +++++	Left Shoulder NE WNL +++++
	Right carpus NE WNL +++++	Right Elbow NE WNL +++++	Right Shoulder NE WNL +++++
	Supraspinatus NE WNL +++++ R L	Infraspinatus NE WNL +++++ R L	Teres major NE WNL +++++ R L
	Deltoids NE WNL +++++ R L	Triceps NE WNL +++++ R L	Biceps NE WNL +++++ R L
	Carpal Extnsrs NE WNL +++++ R L	Carpal flexors NE WNL +++++ R L	
	Scapular m mass WNL Dec++++ R L	CPs NE Right N D A - Left N D A	

Comments _____

Thoracic core	Spinal palpation NE WNL +++++	Multifidus NE WNL +++++ R L	Longis/Iliocst NE WNL +++++ R L
	Lattiss dorsi NE WNL +++++ R L	Serratus vent NE WNL +++++ R L	

Comments _____

Lumbar core	Spinal palpation NE WNL +++++	Longis/Iliocost NE WNL +++++ R L	Multifidus NE WNL +++++ R L
	Quadrts/Iliopsoas NE WNL +++++ R L	Paraspinal m mass NE WNL dec++++	

Comments _____

Hindlegs	Left Hip NE WNL +++++	Left Stifle NE WNL +++++	Left Tarsus NE WNL +++++
	Right Hip NE WNL +++++	Right Stifle NE WNL +++++	Right Tarsus NE WNL +++++
	Sup Glut/Pirif NE WNL +++++ R L	Mid Glut NE WNL +++++ R L	Pectineus NE WNL +++++ R L
	Adductor NE WNL +++++ R L	Gracilis NE WNL +++++	TFL NE WNL +++++ R L
	Sartorius NE WNL +++++ R L	Quadriceps NE WNL +++++ R L	Hamstrings NE WNL +++++ R L
	Gastroc NE WNL +++++ R L	Cranial tibial NE WNL +++++ R L	
	Thigh m mass NE WNL dec++++ R L	CPs NE Right N D A - Left N D A	

Comments _____

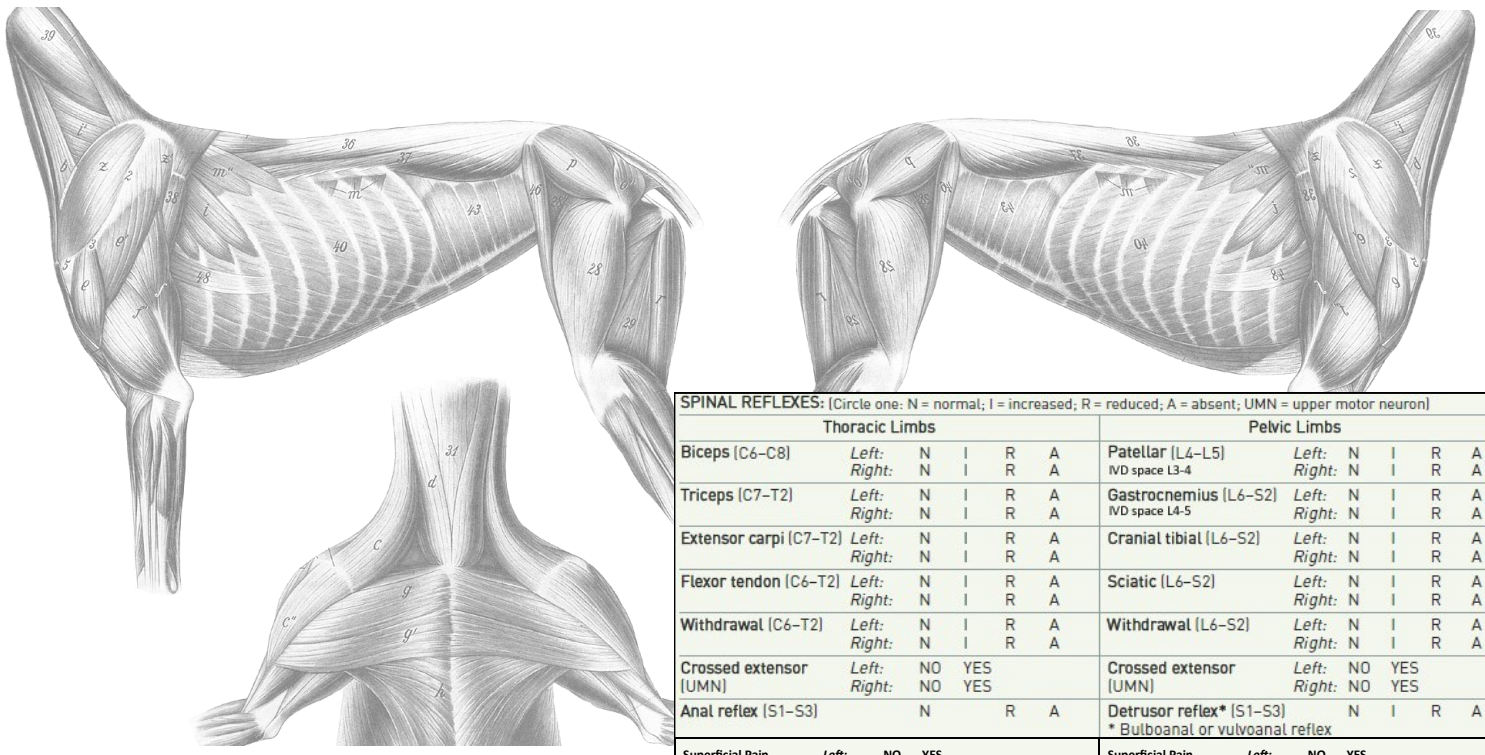
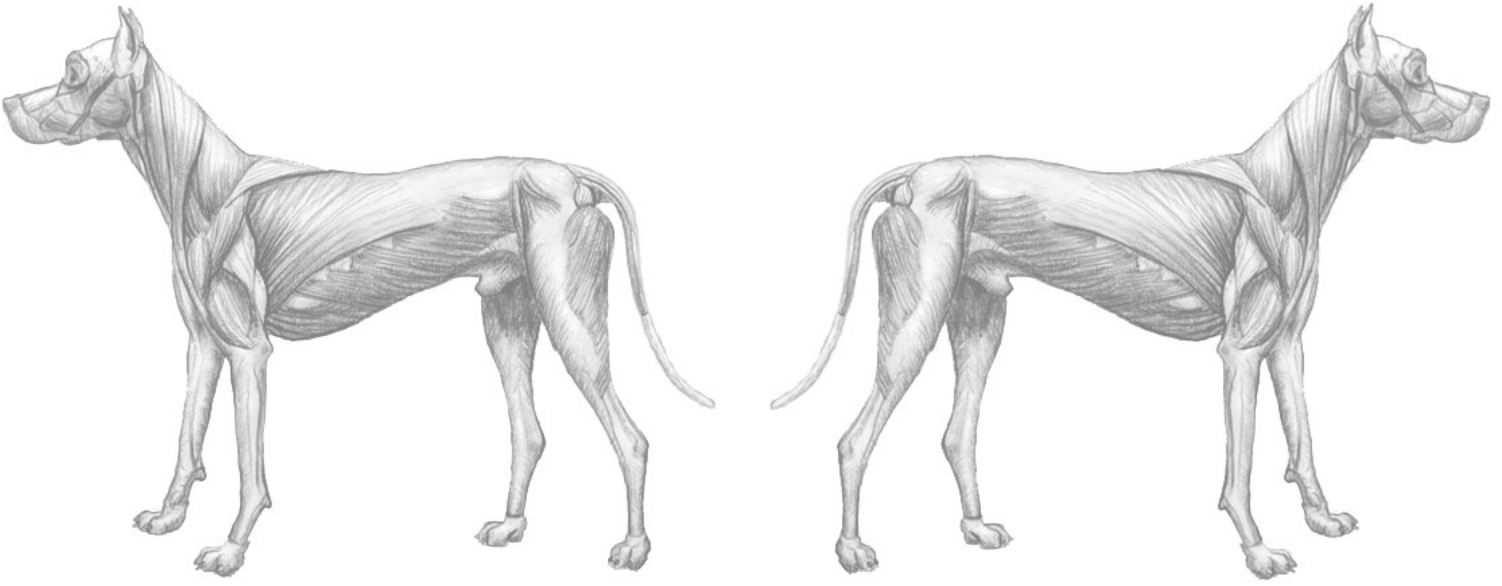
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Stance	Walk	Trot
0 = Normal stance	0 = No lameness/weight-bearing on all strides observed	0 = No lameness/weight-bearing on all strides observed
1 = Slightly abnormal stance (partial weight-bearing)	1 = Mild subtle lameness with partial weight-bearing	1 = Mild subtle lameness with partial weight-bearing
2 = Moderately abnormal stance (toe-touch weight-bearing)	2 = Obvious lameness with partial weight-bearing	2 = Obvious lameness with partial weight-bearing
3 = Severely abnormal stance (holds limb off the floor)	3 = Obvious lameness with intermittent weight-bearing	3 = Obvious lameness with intermittent weight-bearing
4 = Unable to stand	4 = Full non-weight-bearing lame	4 = Full non-weight-bearing lame

_____ girth Aff _____ cm Unaff _____ cm	_____ girth Aff _____ cm Unaff _____ cm	Video taken today Yes No
_____ ROM Aff _____ ° Unaff _____ °	_____ ROM Aff _____ ° Unaff _____ °	
_____ ROM Aff _____ ° Unaff _____ °	_____ ROM Aff _____ ° Unaff _____ °	

Carpus 30°-40° to 180°-188° Elbow 28°-40° to 140°-160° Shoulder 55°-65° to 150°-160° Hock 30°-40° most/50° Boxer, Dane, Dobe/60°-70° Greyhounds to 160-170°; Stifle 25°-35° to 145°-155° Hip 60°-70° to 135°-150° (esp significant if 120° or less)



SPINAL REFLEXES: (Circle one: N = normal; I = increased; R = reduced; A = absent; UMN = upper motor neuron)											
Thoracic Limbs					Pelvic Limbs						
Biceps [C6-C8]	Left:	N	I	R	A	Patellar [L4-L5]	Left:	N	I	R	A
	Right:	N	I	R	A	IVD space L3-4	Right:	N	I	R	A
Triceps [C7-T2]	Left:	N	I	R	A	Gastrocnemius [L6-S2]	Left:	N	I	R	A
	Right:	N	I	R	A	IVD space L4-5	Right:	N	I	R	A
Extensor carpi [C7-T2]	Left:	N	I	R	A	Cranial tibial [L6-S2]	Left:	N	I	R	A
	Right:	N	I	R	A		Right:	N	I	R	A
Flexor tendon [C6-T2]	Left:	N	I	R	A	Sciatic [L6-S2]	Left:	N	I	R	A
	Right:	N	I	R	A		Right:	N	I	R	A
Withdrawal [C6-T2]	Left:	N	I	R	A	Withdrawal [L6-S2]	Left:	N	I	R	A
	Right:	N	I	R	A		Right:	N	I	R	A
Crossed extensor [UMN]	Left:	NO	YES			Crossed extensor [UMN]	Left:	NO	YES		
	Right:	NO	YES				Right:	NO	YES		
Anal reflex [S1-S3]		N		R	A	Detrusor reflex* [S1-S3]		N	I	R	A
						* Bulboanal or vulvoanal reflex					
Superficial Pain	Left:	NO	YES			Superficial Pain	Left:	NO	YES		
	Right:	NO	YES				Right:	NO	YES		
Deep Pain	Left:	NO	YES			Deep Pain	Left:	NO	YES		
	Right:	NO	YES				Right:	NO	YES		

