

## BACK EXAMINATION REPORT

Claimant's Name.....Claim No.....

Gait.....

Spinal curves.....

Tenderness.....

Forward Flexion (fingertips down to upper board of patella)..... (cm)

Extension..... (degrees)

	<u>Right</u>	<u>Left</u>
Muscle wasting of legs	Yes / No	Yes / No
Lateral flexion (fingertips down to upper board of patella)	(cm)	(cm)
Straight leg raising	(degrees)	(degrees)
Reflexes.....Knee		
Ankle		
Rotation	(degrees)	(degrees)
Stand on tiptoes	Yes / No	Yes / No
Loss of sensation to leg	Yes / No	Yes / No
.....If Yes describe		

Able to sit upon couch with legs extended      Yes / No

Comments:

Doctors Signature .....

Doctors Name.....

Date: .....