

Table 3. Infant examination form (0-12 months)

Observations and vital signs		
General observations <i>General appearance, movement pattern, skin, handedness</i>		
Head, face, eyes, ears, nose <i>Marks, bruising, swelling, discharge, rash, mucous, asymmetry</i>		
Cardiovascular and respiratory <i>Chest wall deformities, respiratory effort, color</i>		
Abdomen <i>Distention, rigidity, umbilicus</i>		
Social interaction <i>Child and parents, child and practitioner</i>		
Measurements*	Weight:	lb. kg
	Length:	in cm
	Heart rate:	BPM
	Respiratory rate:	RPM
	Capillary refill:	secs
	Temperature:	°F °C

Table 3. Infant examination form (0-12 months) continued

Neurological examination	
<i>When indicated, plus additional neurological examination as indicated (tone, co-ordination, posture, stance, gait, etc.)</i>	
Cranial nerve screening	Normal/abnormal response
CN 2: Pupillary light reflex	
CNs 3, 4, 6: extra-ocular movements	
CN 5: facial sensation, masseter/temporalis motor	
CN 7: blink response, facial expression	
CN 8: hearing screen	
CN 9, 10: speech swallow, gag	
CN 11: active head rotation	
CN 12: active tongue movement	
Primitive Reflexes	Normal/abnormal response
Rooting reflex	
Sucking reflex	
Moro Reflex	
Plantar grasp	
Palmer grasp	
Babinski	
ATNR	
Stepping reflex	
Muscle stretch reflexes	Normal/abnormal response
Biceps	
Brachioradialis	
Triceps	
Patella	
Hamstring	
Achilles	
Orthopedic examination	Normal/abnormal findings
Hip examination if indicated <i>Issues with walking</i>	
Observation and palpation for spinal and extremity deformity, e.g. scoliosis	
Musculoskeletal examination	
Palpation	Findings
Active and passive range of motion <i>Spine, extremities — as indicated</i>	Cervical: Thoracic: Lumbar: Pelvic: Upper extremity: Lower extremity:
Static and motion palpation for regional restriction, tenderness <i>Spine, extremities — as indicated</i>	Cervical: Thoracic: Lumbar: Pelvic: Upper extremity: Lower extremity: