

Chiropractic history and examination forms for the infant, pre-school, and school-aged child

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Introduction

Chiropractic education typically includes a cursory level of education within pediatrics¹ which varies from institution to institution. Practitioners interested in pediatrics can pursue additional education through continuous education courses (continuing professional development), a diplomate, or a Master's degree, through a range of providers. Surveys have shown that the majority of practitioners see children of all ages, but feel they have inadequate skills in assessment and treatment.¹

Triaging musculoskeletal (MSK) and non-MSK complaints is of the highest priority when assessing the pediatric patient.² Some apparently-MSK presentations have serious red flag causes, such as bone or joint infection, malignancy, or non-accidental injury.² Other conditions which appear to be MSK at first glance may be due to potentially disabling pathology, including orthopedic hip conditions, rheumatological diseases, or neuromuscular diseases.² Ability to triage is therefore a vital skill and knowledge base for practitioners to develop when seeing the pediatric patient, as differential diagnosis and treatment vary significantly from the adult patient.³ Children, and particularly infants, are not small adults. There are specific and different concerns which must be addressed with an appropriate history and examination.

Aims

The European Academy of Chiropractic (EAC) is working to provide post-registration education for practitioners. One of the EAC's special interest groups (SIGs) is pediatrics, where members are working to advance education around pediatric practice. The pediatric SIG is a team of four, each with advanced education within chiropractic and/or pediatrics (post-graduate Master's degree or PhD), and each with expertise in clinical practice, research, or education.

Fungible pediatric history and examination forms for chiropractors and other manual therapists have not yet been made available. Consequently, a key initiative of the SIG over the past year has been to provide basic history and examination forms for the infant, pre-school, and school-aged child, for use by practitioners with limited education in this area. The forms presented with this article have been designed to organize the pediatric history (Tables 1, 4, and 7) and examination (Tables 3, 6, and 9), giving it form and consistency, aiding the practitioner in

undertaking a thorough assessment. The primary focus is on triaging common musculoskeletal (MSK) and non-MSK presentations in the three pediatric age groups, and on identifying red flags which are indications for referral (Tables 2, 5, 8). In highlighting non-MSK and red flag presentations,^{4,5} there is an emphasis on safety, particularly identifying and referring the ill child for medical assessment and care. These forms are helpful in reaching the goal of arriving at the correct diagnosis or diagnoses, in order that the proper management can be recommended.

Process

The pediatric history and examination forms have been reviewed by all members of the SIG in an extensive, iterative process spanning 18 months. Within the SIG and for each age group, an initial draft was created, multiple iterations were developed, and meetings were held to discuss and resolve disagreements by consensus. In total, six meetings were held between members of the SIG. Once agreed upon within the group, the forms were then discussed at length with a pediatrician (MD), and recommendations adopted. This iteration was then shared with and reviewed by chiropractors with expertise in the pediatric patient, and their comments were reviewed by the authors.

Recommendations for chiropractors

The authors recommend adopting these forms in clinical practice. Just as these forms reflect the fact that the child is growing and developing, treatment is also adjusted based on age and development. That said, our recommendations include referring the neonate to another chiropractor with more education and experience as this patient group has special considerations not all covered in the infant form. The age group delineations are not ideal as the 13-month-old is not developmentally the same as the 5-year-old. We will be working to develop more optimal forms. The toddler is difficult to evaluate and because of this, may require advanced skills in evaluation and treatment. The 6-year-old presents challenges, for example, as they may refuse to undress for proper evaluation as developmentally, blossoming self-awareness may result in shyness with strangers.

For those practitioners with additional education and experience with these age groups, there may be additional information you wish to seek in the history and assessment

you will carry out in the examination. Using these forms as a foundation will provide a safety net, highlighting non-MSK conditions and red flags for the different age groups within the pediatric patient.^{4,5}

These forms will be available to download from the [European Academy of Chiropractors' website](#). Accompanying 'add-on' history and examination forms for common presenting complaints, such as the crying infant, childhood headache, and scoliosis, are currently being developed. A series of recorded lectures to accompany these forms are in progress, discussing key aspects of the history and examination of the pediatric patient. These will also be available through the European Academy of Chiropractic and the General Education Network for Chiropractic (GEN-C).

Conclusion

These forms represent a minimum standard for assessing pediatric patients to ensure safe and effective management. The implementation of these forms should not only raise competence of practitioners, but with widespread use, enable data collection on a large scale for future research. This is a starting point in a series of work, aimed at elevating the safety and quality of musculoskeletal care provided by chiropractors to babies, children, and their families.

Editors Note: *The forms are included on the following pages, and can be found on the JCCP website as stand-alone PDFs which can be easily downloaded for your use.*

Table 1. Infant history form (0-12 months)

| | |
|---|---|
| Patient information and consent | |
| Patient name | |
| Patient date of birth | |
| Parent/guardian names | |
| Legal relationship to child | |
| General practitioner/pediatrician | |
| Consent to contact other healthcare practitioners | |
| Consent to care | |
| Consent to use anonymized data for research purposes | |
| Date | |
| Antenatal health | |
| Maternal health in pregnancy | |
| Maternal illness in pregnancy | |
| Previous pregnancies | |
| Fetal health in pregnancy | |
| Birth | |
| Duration of pregnancy | ___ weeks ___ days |
| Duration of labor | 1st stage ___ hours 2nd stage ___ hours |
| Presentation (cephalic, breech) | |
| Intervention during labor/birth | |
| Medication perinatally, including analgesia | |
| Obvious signs of injury after birth (e.g. bruising, skin damage, cephalohematoma) | |
| Baby's health after birth | |
| Time between birth and first feed | |
| Presenting complaint | |
| Parent/guardian concern/s | |
| <i>Onset, associated symptoms, timing/course, aggravating and relieving factors, severity</i> | |
| Crying | |
| Timing/frequency | |
| Pitch/intensity | |
| Consolability | |
| Associated symptoms/behaviors (e.g. pulling ears, scratching eyes) | |
| Can the baby be put down? | |
| Sleeping | |
| Time and duration | |
| Positioning (supine or other) | |
| Location (e.g. cot, car seat) | |
| Quality of sleep | |

Table 1. Infant history form (0-12 months) - continued

| | |
|---|--|
| Feeding | |
| How is baby fed? <i>Breast, bottle, other</i> | |
| What is baby fed? <i>Breastmilk, formula, other</i> | |
| From 6 months: Introduced solid foods? When, and what foods? | |
| Weight gain and growth <i>Growth chart</i> | |
| Any difficulty with or concerns about feeding? | |
| General health | |
| Diagnosed conditions | |
| Suspected conditions | |
| Medications: Prescribed and over the counter <i>What, why, outcome, any side effects</i> | |
| Supplements | |
| GP or hospital visits <i>When, why, outcome</i> | |
| Other healthcare practitioners seen | |
| Vaccinations — normal schedule followed? | |
| Allergies or intolerances | |
| Family medical history <i>Who, what, management, outcome</i> | |
| Review of systems | |
| Respiratory <i>Recurrent coughs, mucous, wheeze</i> | |
| Skin <i>Rash, eczema, nappy rash</i> | |
| Gastrointestinal <i>Regurgitation, vomiting, wind, stool</i> | |
| Output <i>Number of wet and dirty nappies in 24 hours</i> | |
| Positional or postural preference <i>Asymmetry of head or trunk, upright vs. supine</i> | |
| Injuries or falls | |
| Development <i>Does the baby move and interact like other babies the same age?</i> | |
| Other <i>Any other thoughts or concerns not covered?</i> | |

Table 2. Red Flags in the infant (0-12 months) – Indications for referral

| Age group | Sign/symptom | ✓ | / | ✗ |
|--------------|--|---|---|---|
| Any age | Labored breathing | | | |
| | Rib retractions | | | |
| | Fever | | | |
| | Fewer than 4 heavy wet nappies in 24 hours | | | |
| | Slow or halted growth (weight, length, head circumference) | | | |
| | Halted or regression of development | | | |
| | Fractures in non-ambulatory child | | | |
| | Lethargic, difficult to rouse | | | |
| Development: | Not responding to loud noises | | | |
| 1-3 months | Not following objects with eyes by 2-3 months | | | |
| Development: | Not supporting head well | | | |
| 3-4 months | Not weightbearing on feet when held upright | | | |
| Development: | Stiff or contracted muscles of extremities | | | |
| 4-7 months | Hypotonia or floppiness of neck or extremities | | | |
| | Head not held when pulled from supine to sitting by arms | | | |
| Development: | Not crawling by 12 months | | | |
| 8-12 months | Asymmetry in crawling, e.g. dragging one leg | | | |
| | Not standing when supported | | | |
| | Not sitting steadily by 10 months | | | |

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: |

Table 4. Pre-school aged child history form (1-5 years)

| | |
|---|--|
| Patient information and consent | |
| Patient name | |
| Patient date of birth | |
| Parent/guardian names | |
| Legal relationship to child | |
| General practitioner/pediatrician | |
| Consent to contact other practitioners | |
| Consent to care | |
| Consent to use anonymized data for research | |
| Date | |
| Primary complaint | |
| Description (ask parent/guardian & child) | |
| Onset | |
| Course since onset | |
| Possible causes/contributing factors | |
| Aggravating factors | |
| Relieving factors | |
| Behavioral changes | |
| Associated symptoms | |
| Previous episodes and management | |
| Pre-school attendance, engagement | |
| Activities affected | |
| Nutrition | |
| Diagnosed or suspected allergies/intolerances | |
| Usual diet and any restrictions | |
| Growth (weight, height, head circumference) | |
| Sleep | |
| Sleep patterns | |
| Any concerns about sleep | |
| Activity levels | |
| Physical activity <i>What, how long, how often</i> | |
| Sedentary time | |
| Screen time | |

Table 4. Pre-school aged child history form (1-5 years) continued

| | |
|--|--|
| Other medical conditions | |
| General health | |
| Diagnosed conditions <i>When diagnosed?</i> | |
| Suspected conditions | |
| Medications <i>Prescribed and OTC</i> | |
| Supplements | |
| GP or hospital visits/admissions <i>When and why?</i> | |
| Other healthcare professionals seen | |
| Surgeries <i>What and why?</i> | |
| Atopic: <i>Skin, respiratory, gastrointestinal</i> | |
| Injuries | |
| Infections | |
| Vaccinations — normal schedule followed? | |
| Family medical history <i>Who, what, management, outcome</i> | |
| Review of systems | |
| Respiratory <i>Recurrent coughs, mucous, wheeze</i> | |
| Skin <i>Rash, eczema</i> | |
| Gastrointestinal <i>Pain, vomiting, wind, stool</i> | |
| Output <i>Frequency of urination and defecation in 24hrs</i> | |
| Positional or postural preference <i>Asymmetry of head, trunk, or limbs</i> | |
| Injuries or falls | |
| Development <i>Does the child move and interact like other children the same age?</i> | |
| Other <i>Any other thoughts or concerns not covered?</i> | |

Table 5. Red Flags in the pre-school aged child (1-5 years) - Indications for referral

| Sign/symptom | ✓ | / | ✗ |
|---|---|---|---|
| Labored breathing | | | |
| Rib retractions | | | |
| Fever | | | |
| Reduced urinary output (dehydration) | | | |
| Slow or halted growth <i>Weight, height, head circumference</i> | | | |
| Halted or regression of development (loss of skills) | | | |
| Marked difference between left and right sides of body <i>Strength, tone</i> | | | |
| Marked high or low tone, especially with impact on motor skills/development | | | |
| Extreme lethargy, difficulty rousing | | | |

Table 5. Red Flags in the pre-school aged child (1-5 years) - Indications for referral continued

| Age | Developmental skills | | ✓ / ✗ |
|----------|----------------------|--|-------|
| >1 year | Fine motor | Unable to do the following: | |
| | | Point with finger to picture in book | |
| | | Hold a cup | |
| | | Hold a toy with both hands at midline | |
| | Gross motor | Not sitting upright steadily | |
| | | Not crawling | |
| | | Unusual crawling pattern | |
| | | Not pulling up to standing | |
| >2 years | Fine motor | Unable to do the following: | |
| | | Scribble | |
| | | Stack at least four blocks | |
| | | Put round or square pegs into holes | |
| | Gross motor | Frequent falling and difficulty with stairs | |
| | | Cannot stand alone at 14 months | |
| | | Cannot walk by 18 months | |
| | | Fails to develop a mature heel-toe walking pattern Walks exclusively on toes | |
| | | Not jumping by 30 months of age | |
| | | "Walking" their hands up their bodies to achieve a standing position | |
| | | Still "toeing in" at two years of age | |
| >3 years | Fine motor | Unusual creeping patterns | |
| | | Cannot grasp a crayon between thumb and fingers | |
| | | Cannot copy a circle | |
| | Gross motor | Cannot stack 4 blocks | |
| | | Cannot jump in place | |
| | | Cannot ride a trike | |
| >4 years | Fine motor | Cannot stand tandem | |
| | | Movements seem shaky or stiff | |
| | | Arms and hands seem very weak | |
| | | Is not able to cut a piece of paper with scissors | |
| | | Cannot copy a cross (+) | |
| | Gross motor | Is not able to draw a circle and straight lines | |
| | | Stands out from the group in structured motor tasks | |
| | | Difficulty getting up from floor | |
| | | Excessive slouching during sitting activities | |
| | | Limping | |
| >5 years | Fine motor | Cannot climb stairs alternating feet | |
| | | Cannot hop | |
| | | Movements seem shaky or stiff | |
| | | Arms and hands seem very weak | |
| | | Is not able to cut along a straight line | |
| | Gross motor | Is not holding her crayons or pencils with her thumb and fingers | |
| | | Is not able to draw a circle, square and cross | |
| | | Cannot hop on one foot | |
| | | Cannot jump | |
| | | Cannot throw a ball | |
| | | Cannot bounce a ball | |
| | | Cannot skip | |
| | | Cannot stand on one foot | |
| | | Cannot walk on a balance beam | |
| | | Fatigue during movement activities | |

Table 6. Pre-school aged child examination form (1-5 years)

| | | | |
|---|-------------------|---------------------------------|------|
| 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, friends</i> | | | |
| Measurements | Weight: | lb | kg |
| | Length: | in | cm |
| | Heart rate: | | BPM |
| | Respiratory rate: | | RPM |
| | Temperature: | °F | °C |
| | Blood pressure: | | mmHg |
| 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, swallowing, gag | | | |
| CN 11: active head rotation | | | |
| CN 12: active tongue movement | | | |
| Primitive reflexes | | Normal/abnormal response | |
| Babkin reflex | | | |
| Galant reflex | | | |
| Palmar grasp reflex | | | |
| Parachute reflex | | | |
| Tonic neck reflex | | | |
| Moro Reflex | | | |
| Other retained reflexes | | | |

Table 6. Pre-school aged child examination form (1-5 years) continued

| Muscle stretch reflexes | Normal/abnormal response |
|--|--------------------------|
| Biceps | |
| Brachioradialis | |
| Triceps | |
| Patellar | |
| Hamstring | |
| Achilles | |
| Babinski flexor response | |
| Orthopedic examination | Normal/abnormal findings |
| Observation and palpation for spinal and extremity deformity, e.g. scoliosis | |
| Posture | |
| Hip examination if indicated <i>Issues with walking</i> | |
| 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: |

Table 7. School-aged child history form (5-12 years)

| | |
|---|--|
| Patient information and consent | |
| Patient name | |
| Patient date of birth | |
| Parent/guardian names | |
| Legal relationship to child | |
| General practitioner/pediatrician | |
| Consent to contact other practitioners | |
| Consent to care | |
| Consent to use anonymized data for research | |
| Date | |
| Primary complaint | |
| Description (ask parent/guardian & child) | |
| Onset | |
| Course since onset | |
| Possible causes/contributing factors | |
| Aggravating factors | |
| Relieving factors | |
| Behavioral changes | |
| Associated symptoms | |
| Previous episodes and management | |
| School attendance, engagement, achievement | |
| Activities affected | |
| Transport mode to school | |
| Car, walk, bike | |
| Any history of emotional trauma | |
| e.g. bereavement, bullying, abuse | |
| Nutrition | |
| Diagnosed or suspected allergies/intolerances | |
| Usual diet and any restrictions | |
| Growth (weight, height) | |
| Sleep | |
| Sleep patterns | |
| Any concerns about sleep | |
| Activity levels | |
| Physical activity | |
| What, how long, how often | |
| Sedentary time | |
| Screen time | |

Table 7. School-aged child history form (5-12 years) continued

| | |
|--|--|
| Other medical conditions | |
| General health | |
| Diagnosed conditions <i>When diagnosed?</i> | |
| Suspected conditions | |
| Medications <i>Prescribed and OTC</i> | |
| Supplements | |
| GP or hospital visits/admissions <i>When and why?</i> | |
| Other healthcare professionals seen | |
| Surgeries <i>What and why?</i> | |
| Atopic: <i>Skin, respiratory, gastrointestinal</i> | |
| Injuries | |
| Infections | |
| Vaccinations — normal schedule followed? | |
| Family medical history <i>Who, what, management, outcome</i> | |
| Review of systems | |
| Respiratory <i>Recurrent coughs, mucous, wheeze</i> | |
| Skin <i>Rash, eczema</i> | |
| Gastrointestinal <i>Pain, vomiting, gas, stool</i> | |
| Output <i>Frequency of urination and defecation in 24 hrs</i> | |
| Positional or postural preference <i>Asymmetry of head, trunk, or limbs</i> | |
| Injuries or falls | |
| Development <i>Does the child move and interact like other children the same age?</i> | |
| Other Recreational drug use <i>Any other thoughts or concerns not covered?</i> | |

Table 8. Red flags in the school-aged child (5-12 years) – Indications for referral

| Sign/symptom | ✓ | / | ✗ |
|---|---|---|---|
| Labored breathing | | | |
| Rib retractions | | | |
| Fever | | | |
| Reduced urinary output (dehydration) | | | |
| Lethargy, difficulty rousing, change in mentation | | | |
| Slow or halted growth | | | |
| Growth curve/chart | | | |
| Halted or regression of development (loss of skills) | | | |
| Marked difference between left and right sides of body | | | |
| Strength, tone | | | |
| Marked high or low tone, especially with impact on motor skills/development | | | |
| Persistent toe-walking | | | |

Table 9. School-aged child examination form (6-12 years)

| 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, friends</i> | | | |
| Measurements | Weight: | lb | kg |
| | Length: | in | cm |
| | Heart rate: | | BPM |
| | Respiratory rate: | | RPM |
| | Temperature: | °F | °C |
| | Blood pressure: | | mmHg |

Table 9. School-aged child examination form (6-12 years) 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, swallowing | |
| CN 11: active head rotation | |
| CN 12: active tongue movement | |
| Muscle stretch reflexes | Normal/abnormal response |
| Biceps | |
| Brachioradialis | |
| Triceps | |
| Patella | |
| Hamstring | |
| Achilles | |
| Babinski flexor response | |
| Developmental screening | ✓ / ✗ |
| Stand steadily with feet together, eyes closed | |
| Stand steadily on one leg | |
| Stand steadily on one leg with eyes closed | |
| Heel-toe walk | |
| Finger-to-nose | |
| Dysdiadochokinesia | |
| Retained primitive reflexes | |
| Orthopedic examination | Normal/abnormal findings |
| Observation and palpation for spinal and extremity deformity, e.g. scoliosis | |
| Posture | |
| Adam's forward bend (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: |