

SUMMARY OF ASSESSMENT PRINCIPLES: all assessments should include;

STEPS	GENERAL	REGIONAL/LOCAL
1. HISTORY	For Primary predisposing, causing or maintaining factors that may contribute to the problem pattern or slow recovery (1ry underlying issues) This, includes general health questions and other old accidents, injuries, operations and illnesses, etc	Includes current details of presenting complaint and anything in the present or past that has contributed to it (site, onset, mechanism, progress, timing, type, nature, aggravating/relieving factors, treatment, radiation, associated features ótingling/swelling/giving way, etc).
2. OBSERVATION (STAND/SIT/LYING for similarities/differences)	For 1ry AREAø of A.R.T. (A & T static and R when observing movement dynamically)	For regional/local Details
3. PALPATION (STAND/SIT/LYING for similarities/differences ó clues to primary and secondary dysfunctions ó i.e. secondary dysfunctions are more likely to change in different postures)	For general impression (palms) to I-D 1 Areas of ART. (mainly A & T but later when feeling movement, R) A = Asymmetry R = Range/Quality of motion abnormality T = Tissue texture change	For details (fingertips usually) in <u>BOTH</u> the; i) <u>1ry areas of ART</u> uncovered from general assessment) and ii) <u>Symptomatic areaø</u> This includes (potentially); layer palpation and assessment of regional bony and soft tissue landmarks (ANATOMY). GOAL: to I-D Key (primary and secondary) tissues involved in both 1ry and symptomatic areas)
4. MOVEMENT (for QUALITY & Quantity of movement ó mostly quality as this indicates function)	<u>A) ACTIVE:</u> GAIT and General Active movements of whole body (neck and trunk F/E, S/B L and R, rot L and R, hip drop, Squat and UEX abduction/Apleys scatch) - For 1ry ARTø (R) Standing and sitting for differences <u>B) PASSIVE:</u> <u>Physiological and Accessory</u> (for uncovered 1ry regional area/s of ART ó for details of primary tissues involved)	<u>A) ACTIVE</u> regional: (depends on symptomatic region) e.g. F/E, S/B (ABD/Add), Rotation L & R (Int/ext rot) <u>B) PASSIVE:</u> <u>Physiological and Accessory</u> (to I-D areas of actual Dysfunction regionally to help explain the limited active movements (if ok ó then act movement must be limited due to something elsewhere influencing it) <u>C) ACTIVE RESISTED:</u> include here or below in spec tests as it may not need to be done on every one ó thus itø an extra test, if indicated by prior history &/or assessment
5. SPECIAL TESTS (optional ó if indicated by History or assessment))	Include tests as indicated by area of primary ART if necessary.	Includes Orthopedic, neurological, and other tests such as referral for X-Ray, lab tests etc. Also includes ACTIVE RESISTANT MOVEMENTS (as above)

Summary of principles from Wholistic Integrated Assessment, A Teacher, Student Guide, 12 DVD set and Manual, 2010 by Paul Turner (www.turnerpublications.com)