

CFR Examination Form

Name: _____ Date: _____

Height: _____ Temp: _____ Resp: _____ BP: L arm: ____/____

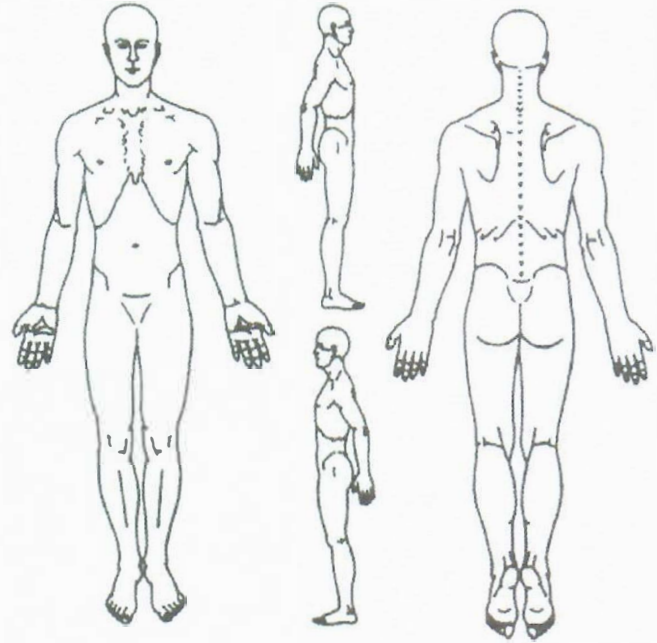
Weight: _____ Pulse: _____ Major Hand: L R R arm: ____/____

Patient Treatment Goals: _____

Patient Photos – Facial: Front/Side Full Body – Front/Side/Back

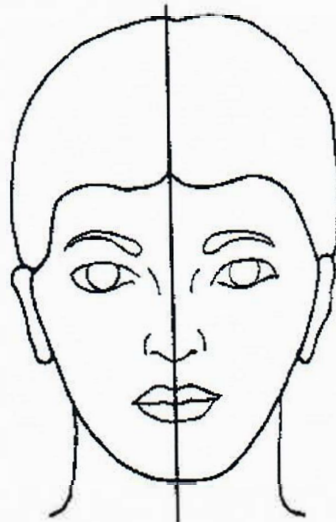
Standing Analysis

Head Posture:	Forward	Backward	Rotated
Head Tilt	1) Left	2) Right	
High Shoulder	1) Left	2) Right	
Incline/Antalgia	1) Left	2) Right	Negative
High Hip	1) Left	2) Right	Rotated
Scoliosis	1) Thor	2) Lumbar	(L) (R)
Thor Kyphosis	1) Hypo	2) Hyper	3) Very Hyper
Lumb Lordosis	1) Hypo	2) Hyper	3) Very Hyper
Left Hand	1) Ant. Rot.	2) Post. Rotation	
Right Hand	1) Ant. Rot.	2) Post. Rotation	
Left Knee	1) Int. Rot.	2) Ext. Rotation	
Right Knee	1) Int. Rot.	2) Ext. Rotation	
Left Foot	1) Pronation	2) Supination	
Right Foot	1) Pronation	2) Supination	
Body Sway	None	A-P	Lat. Both Cat I II III
Offset	Lat.	(L) (R)	A-P P-A
First Rib	(L) (R)	Both	
Styloid	(L) (R)	Both	
Mind Language Cat	I II	III	Gravity Challenge:



Visual Facial Analysis

- Eye Levels
- Eye Symmetry
- Ear Lobe Levels
- Eyebrow Symmetry
- Jaw Deviation (static)
- Facial Creases
- Nose Deviation
- Nose Symmetry
- Nare Comparison
- Parietal Slip (Banana Head)
- Mouth/Lip Symmetry (Smiling)
- Stick Tongue Out Straight



Cervical ROM

- Flex _____
- Ext _____
- R. Rot _____
- L. Rot _____
- R. Lat Flex _____
- L. Lat Flex _____

Analysis Seated Position

CERVICAL SUBLUXATIONS

C1 _____
 C2 _____
 C3 _____
 C4 _____
 C5 _____
 C6 _____
 C7 _____

CERVICAL INDICATORS

	Transverse Process		Spinous Process		Lovett Brother	
	R	L	R	L	TAR	SPIT
C1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	L5	_____
C2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	L4	_____
C3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	L3	_____
C4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	L2	_____
C5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	L1	_____
C6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	T12	_____
C7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	T11	_____

Motor Reflex Tests – Seated: _____

Motor Reflex Tests – Standing: _____

Category I II III

Seated Psoas Strength Test

Weak (L) (R) Both

Analysis Prone

Cat I II III

Short Leg	L	R	Neg
Heel Tension	L	R	B
Ilio Femoral	L	R	Neg
Atlas Check	L	R	Neg
Sacro Iliac	L	R	Neg
\$ Sign	L	R	Neg
# Sign	L	R	Neg
Sacral Base	+	-	Neg
SOTO DX:	Piriformis	Disc	Disc Fragment
Sacral Cup	L-S2	R-S2	Sup/Inf
	L-S4	R-S4	Sup/Inf

Trapezius Fibers (L): 1 2 3 4 5 6 7

Trapezius Fibers (R): 1 2 3 4 5 6 7

Line #1

Occipital Fibers (L): 1 2 3 4 5 6 7

Occipital Fibers (R): 1 2 3 4 5 6 7

Iliac Fibers (L): 5 4 3 2 1

Iliac Fibers (R): 5 4 3 2 1

Chiropractic Analysis

The Chiropractic Analysis section features four human figures: a full-body front view on the left, a full-body back view on the right, a head profile on the bottom left, and another head profile on the bottom right. In the center is a vertical spine chart with 14 levels, each with two boxes for 'L' and 'R'. The levels are labeled as follows from top to bottom: OCC, C1, 2, 3, 4, 5, 6, 7, T1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, L1, 2, 3, 4, 5, Lili, Rili, Sac, and CCX.

Additional Comments: _____

Analysis Supine Position

Short Leg	L	R	Neg
Ilio Femoral	L	R	Neg
Medial Knee	L	R	Neg
Lateral Knee	L	R	Neg
Upper Fossa	L	R	Neg
Lower Fossa	L	R	Neg
Psoas	L	R	Neg

Leg Lift – Cervical: Strong Weak
 Leg Lift + Cervical: Strong Weak

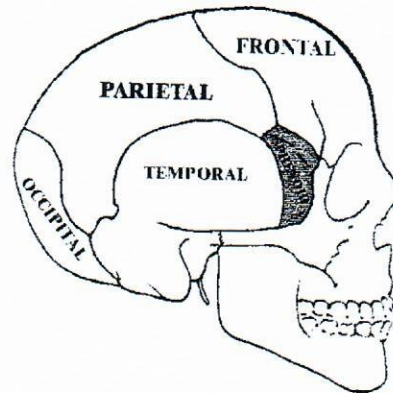
Muscle Activation: _____

Cervical Stair Step: 0 1 2 3 4 5

Notes: _____

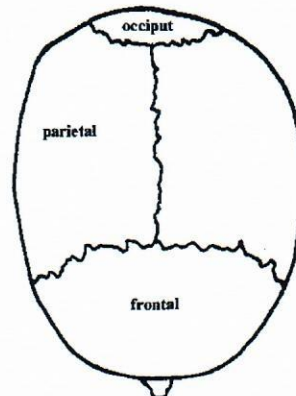
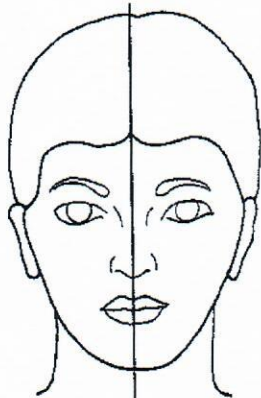
Cranial Palpation

- Cranial Symmetry
- Indentations/Protrusions
- Sutural Palpation
- Cranial Tenderness
- Cranial Motion with respiration
- Cranial Basic I



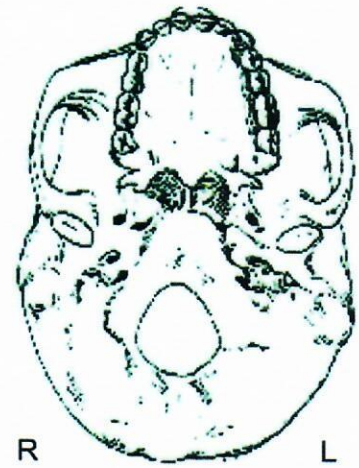
Cranial ROM

Frontal	L	R	B
Parietal	L	R	B
Temporal	L	R	B
Sphenoid	L	R	B
Maxillary	L	R	B
Occiput	L	R	B



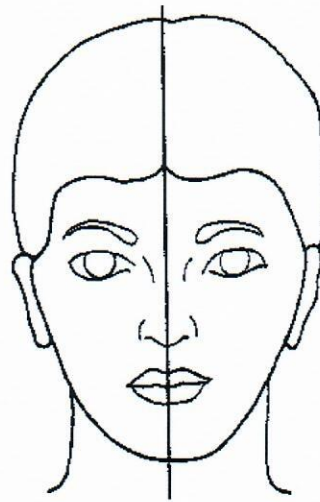
Intra Oral Palpation

Palat Symmetry
Palat Overlap
Palat Tenderness
Teeth/Molar Palp.
Bruxism – Zygomatic (L) (R)
External Pterygoid



TMJ Analysis

Jaw Deviation (Static)
Jaw Deviation upon opening
Jaw Deviation upon closing
Jaw Crepitis (Clicking)
Jaw Pain
Jaw Gap
Forward Translation



TMJ Palpation

Temporal
Massater
Buccanator
Infra Mandibular
SCM
External Ptyragoid
Cervical Spine (Atlas/Axis)

