

Patient Slump Test Evaluation Form

Patient Information

Name: _____ Age: _____

Gender:

☐ Male

☐ Female

☐ Other

Medical Condition: _____

Presenting Symptoms: _____

Diagnosis: _____

Date of Test: _____

Slump Test Procedure

1. Seated Position Evaluation:

- Position:

☐ Positive

☐ Negative

- Observations:

2. Cervical Flexion Evaluation:

- Response:

☐ Positive

☐ Negative

- Observations:

3. Knee Extension Evaluation:

- Response:

☐ Positive

☐ Negative

- Observations:

4. Dorsiflexion of Ankle Evaluation:

- Response:

☐ Positive

☐ Negative

- Observations:

5. Repeat with Other Leg (if applicable):

- Observations:

Interpretation

- Overall Result:

☐ Normal

☐ Abnormal

- Specific Findings (if any):

- Recommendations for Treatment or Further Evaluation:

Healthcare Provider Information

Name: _____

Title/Position: _____

Signature: _____

Date: _____