

**BACK EXAMINATION REPORT**

Claimant's  
Name.....Claim  
No.....

Gait.....  
.....

Spinal  
curves.....  
.....

Tender-  
ness.....  
.....

Forward Flexion (fingertips down to upper board of  
patella)..... (cm)

Exten-  
sion.....  
..... (degrees)

	Right	Left
Muscle wasting of legs	Yes / No	Yes / No
Lateral flexion (fingertips down to upper board of patella)	(cm)	(cm)
Straight leg raising	(degrees)	(degrees)
Reflexes.....Knee		
Ankle		
Rotation	(degrees)	(degrees)
Stand on tiptoes	Yes / No	Yes / No

Loss of sensation to leg	Yes / No	Yes / No
.....If Yes describe		

Able to sit upon couch with legs extended Yes / No

Comments:

Doctors Signature .....

Doctors Name.....  
Date: .....