



JSS College of Physiotherapy

Department of cardiopulmonary Physiotherapy

General Information

Name	
Age/sex	
Occupation	
Chief Complaints	
<u>Subjective Assessment</u>	
PHYSICAL EXAMINATION	
Vitals:	
Temperature	
PR	
RR	
BP	
SPO2	
History and Co morbidities	
a)History of present illness-Onset, Duration, severity	
b)Past History	

c) Personal History d) Occupational History	
<u>Objective Assessment</u>	
Observation Built of the patient	
Posture	
Head and Neck : Nasal Flaring Facial puffiness Trails sign JVP	
Cyanosis	
Finger Clubbing	
Edema	
Cough effort	
Chest appearance and movement a) Type of breathing/pattern of	

breathing b) Abnormal breathing pattern c) Diaphragmatic excursion d) Accessory muscle usage d) I:E ratio e) Deformities: Spinal/ chest	
Examination	
On Palpation a) Tracheal position b) Chest wall excursion/ thoracic expansion c) Vocal fremitus/tactile Fremitus d) Tenderness e) Capillary refill time	
On Percussion- Right/ left lung	
ROM-Trunk mobility(ROM of spine), Shoulder mobility(Rom of shoulder joint)	
On Auscultation a) Breath sounds b) Adventitious sounds c) Heart sounds	

Investigations

Clinical laboratory study:	
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Radiological studies: Xray	
ECG:	
Others:	

Outcome measures

Clinical		Functional		QOL	
PFT		MMRC		St. Georges Resp. Dis	
ABG		MBORG		LCADL	
Exercise test 6 min walk test					
Impression:					
Problem list					

Intervention:	