splose

Free template

Initial physiotherapy assessment

A structured starting point for a first physiotherapy appointment

Client name or ID

Appointment date and time

Practitioner name and role

1 Presenting concern

Main concern, onset, and how symptoms behave.

2 Relevant history

Previous episodes, general health, medication, and work or activity context.

3 Function and client goals

What the client finds difficult, and what they want to achieve.

4 Screening and actions

Screening completed, findings, and any action taken, based on your clinical judgement and local requirements.

splose

Free template

Initial physiotherapy assessment, continued

5 Objective examination

Observation, movement, strength, neurological or special tests, and relevant measures.

6 Assessment and reasoning

Working hypothesis, contributing factors, and your clinical reasoning.

7 Goals, plan, and review

Agreed goals, management plan, and review arrangements.

Practitioner name (typed acknowledgement)

Acknowledgement date

Fill in the fields, then save a copy. A typed name is an acknowledgement designed to identify the practitioner involved. It cannot be used as a digital signature. This template is an aid to help with documentation. It is not an exhaustive assessment protocol or checklist. It should be adapted to meet the specific needs of your clinic's record-keeping requirements.

splose

Fictional example

Initial physiotherapy assessment

Example for a fictional client, first appointment, for illustration only

Client name or ID

Ellie Carter (fictional)

Appointment date and time

6 Oct 2026, 9:00 am

Practitioner name and role

Alex Morgan, Physiotherapist (fictional)

1 Presenting concern

Main concern, onset, and how symptoms behave.

Anterior right knee pain for 8 weeks. Gradual onset after increasing weekly running distance from 10 km to 25 km. Pain is worst on stairs, after sitting for long periods, and in the last 2 km of a run. Client rates pain at 5/10 on stairs and 2/10 at rest. No swelling, locking, or giving way reported.

2 Relevant history

Previous episodes, general health, medication, and work or activity context.

No previous knee injury. Generally fit and well, with no relevant medical history or regular medication reported. Works full time at a desk. Runs three times a week and was training for a 10 km event, now paused.

3 Function and client goals

What the client finds difficult, and what they want to achieve.

Difficulties: has stopped running, takes stairs one at a time when pain is worse, and feels stiff after sitting for more than an hour.

Client goals: use the stairs at work without pain, return to running 5 km three times a week, then build towards a 10 km event in the spring.

4 Screening and actions

Screening completed, findings, and any action taken, based on your clinical judgement and local requirements.

Screening for serious pathology completed using clinical judgement. Client denies night pain, unexplained weight loss, fever, recent trauma, or symptoms in the other leg. No findings requiring onward referral.

Verbal consent obtained for assessment and treatment.

splose

Fictional example

Initial physiotherapy assessment, continued

5 Objective examination

Observation, movement, strength, neurological or special tests, and relevant measures.

Observation: no visible swelling or redness.

Movement: right knee range of movement full and pain free in lying. Single-leg squat to about 60 degrees reproduced anterior knee pain (4/10) on the right. Left pain free.

Function: step-down from a 20 cm step brought on pain on the 6th repetition.

Strength: right hip abduction weaker than left on manual testing. 10 side-lying hip abduction repetitions on the right before fatigue, 20 on the left.

Palpation and tests: tender around the lower edge of the kneecap. Ligament and meniscal tests negative.

6 Assessment and reasoning

Working hypothesis, contributing factors, and your clinical reasoning.

Presentation is consistent with patellofemoral pain related to a recent increase in running load (working hypothesis). Contributing factors may include the rapid rise in weekly distance and reduced right hip strength. No features suggesting serious pathology or ligament injury. Discussed the working hypothesis and the reasons for managing load, and the client said this made sense to them.

7 Goals, plan, and review

Agreed goals, management plan, and review arrangements.

Agreed goals: use the stairs at work with no more than mild discomfort within 4 weeks, and return to running 5 km three times a week within 8 weeks.

Plan: replace runs with 2 km walk-run sessions twice a week while symptoms settle. Home exercise programme of hip abduction and step-down exercises, once a day. Advice on breaking up long periods of sitting.

Review: in 2 weeks to reassess stairs, step-down, and the home programme.

Practitioner name (typed acknowledgement)

Alex Morgan (fictional)

Acknowledgement date

6 Oct 2026

All names and details listed above are fictional. This example is illustrative only and should not be considered clinical guidance. When completing your documentation, be sure to record the specific findings, decisions, and plans that are relevant to each client.