

RANGE OF MOTION & MUSCLE PALPATION EXAM

NAME: _____ DATE: _____

Palpation Exam:

(L- Left, R- Right, B- Both sides, 1- Mild, 2- Moderate, 3- Severe)

L	R	B	1	2	3	Temporalis-Anterior
L	R	B	1	2	3	Temporalis-Middle
L	R	B	1	2	3	Temporalis-Posterior
L	R	B	1	2	3	Pre-Auricular Area
L	R	B	1	2	3	Masseter (Superficial)
L	R	B	1	2	3	Posterior Digastric
L	R	B	1	2	3	Anterior Digastric
L	R	B	1	2	3	Sternocleidomastoid
L	R	B	1	2	3	Paravertebrals
L	R	B	1	2	3	Suboccipital
L	R	B	1	2	3	Lateral Pterygoid
L	R	B	1	2	3	Masseter (Deep)
L	R	B	1	2	3	Temporalis Tendon Insertion

