

FUNCTIONAL EVALUATION

Name: Date: Visit #:
 Gender: Age: Height: Weight: Pulse:

TOP 5 HEALTH CONCERNS

1:
 2:
 3:
 4:
 5:

NAQ FINDINGS

1:
 2:
 3:
 4:
 5:

Digestion

STOMACH

HCl Point **Chapman Reflex: Stomach** Baseline 1: 2: 3:
 X ↓ 1" (L) 6th (L) **LNT**

PANCREAS

Enzyme Point
 X ↓ 1" (R)

GALLBLADDER

Murphy's Sign **Chapman Reflex: Liver/GB** Baseline 1: 2: 3:
 Acute - Under Ribs (R) 6th (R) **LNT**
 Knees Bent

Right Thumb Web

Chronic - On edge of skin web & muscle next to bone at base of thumb

None Mild Severe

SMALL INTESTINE

Chapman Reflex: Small Intestine Baseline 1: 2: 3:
 8th, 9th & 10th (R & L)

	Right		Left		Right		Left		Right		Left	
8 th	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9 th	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10 th	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

LNT

Bennett Reflexes: Small Intestine Baseline 1: 2: 3:
 Palpate 2-3" diameter around umbilicus

	Right		Left		Right		Left		Right		Left	
↑	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
↓	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

LNT

FUNCTIONAL EVALUATION

LARGE INTESTINE

Ileocecal Valve

½ between right ASIS & umbilicus. A→P with slight circular motion (clockwise). **LNT**

Baseline 1: 2: 3:

Large Intestine

Roll gently side to side over the large intestine, starting just lateral of the ileocecal valve and medial of the ASIS (1), up the ascending colon (2), turning just below the right rib cage (3), along the transverse colon (4), turning again just before the left rib cage (5), down the descending colon (6 & 7), and on the sigmoid colon (8). **LNT**

	Baseline	1: <input type="text"/>	2: <input type="text"/>	3: <input type="text"/>
	B	B	B	B
	4	4	4	4
A	3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 5	3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 5	3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 5	3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 5
	2 <input type="checkbox"/> <input type="checkbox"/> 6 C	2 <input type="checkbox"/> <input type="checkbox"/> 6 C	2 <input type="checkbox"/> <input type="checkbox"/> 6 C	2 <input type="checkbox"/> <input type="checkbox"/> 6 C
	1 <input type="checkbox"/> <input type="checkbox"/> 7	1 <input type="checkbox"/> <input type="checkbox"/> 7	1 <input type="checkbox"/> <input type="checkbox"/> 7	1 <input type="checkbox"/> <input type="checkbox"/> 7
	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8

Iliotibial Band (Chapman Reflex – Colon)

L→M (R & L) along IT band at 3-5 points. A, B & C below correlate with A, B & C above in *Large Intestine*. **LNT**

	Baseline	1: <input type="text"/>	2: <input type="text"/>	3: <input type="text"/>
	Right Left	Right Left	Right Left	Right Left
A	1 <input type="checkbox"/> <input type="checkbox"/> 6 C	A 1 <input type="checkbox"/> <input type="checkbox"/> 6 C	A 1 <input type="checkbox"/> <input type="checkbox"/> 6 C	A 1 <input type="checkbox"/> <input type="checkbox"/> 6 C
	2 <input type="checkbox"/> <input type="checkbox"/> 7	2 <input type="checkbox"/> <input type="checkbox"/> 7	2 <input type="checkbox"/> <input type="checkbox"/> 7	2 <input type="checkbox"/> <input type="checkbox"/> 7
	3 <input type="checkbox"/> <input type="checkbox"/> 8	3 <input type="checkbox"/> <input type="checkbox"/> 8	3 <input type="checkbox"/> <input type="checkbox"/> 8	3 <input type="checkbox"/> <input type="checkbox"/> 8
	4 <input type="checkbox"/> <input type="checkbox"/> 9	4 <input type="checkbox"/> <input type="checkbox"/> 9	4 <input type="checkbox"/> <input type="checkbox"/> 9	4 <input type="checkbox"/> <input type="checkbox"/> 9
B	5 <input type="checkbox"/> <input type="checkbox"/> 10 B	B 5 <input type="checkbox"/> <input type="checkbox"/> 10 B	B 5 <input type="checkbox"/> <input type="checkbox"/> 10 B	B 5 <input type="checkbox"/> <input type="checkbox"/> 10 B

FUNCTIONAL EVALUATION

Sugar Handling

ADRENALS

Ragland's Postural Hypotension

Always ask client if they ever get dizzy when standing quickly.

Supine: Systolic: Diastolic:

Standing: Systolic:

Excellent: +6 to +10 **Fair:** 0 to +5 **Poor:** -1 to -10 **Fail:** -11 to -20 **Exhaustion:** > -21

Paradoxical Pupillary Reflex

Contraindications: Recent eye surgeries, recent head injuries, susceptibility to seizures, and colored contact lenses.

Excellent: Constricts and holds for 20 seconds **Fair:** Constricts and holds for at least 10 seconds then pulses **Poor:** Constricts and pulses, then enlarges at 5-10 seconds **Fail:** Constricts and pulses, then gets larger almost immediately **Exhaustion:** Becomes larger immediately or fails to constrict

Chapman Reflex: Adrenal

1-2" → & 2" ↑ from umbilicus (R & L) **LNT**

Baseline 1: 2: 3:
 Right Left Right Left Right Left Right Left

Posterior Ilium (Short Leg)

Record shorter leg in either "Right" or "Left" column (e.g. ¼") **LNT**

Baseline 1: 2: 3:
 Right Left Right Left Right Left Right Left

Contraindications: Back, hip, knee, or ankle injuries.

Inguinal Ligament Tenderness

A→P (R & L) along the inguinal ligament, which runs between the ASIS and the lateral edge of the pubic bone. Palpate the entire ligament by drawing your fingers back and forth across it like a bow on a violin at a 90-degree angle. **LNT**

Baseline 1: 2: 3:
 Right Left Right Left Right Left Right Left

PANCREAS

Right Thenar Pad

Palpate in center of pad

Chapman Reflex: Pancreas/Spleen

7th (L) **LNT**

Baseline 1: 2: 3:

LIVER

Dr. DeJarnette's Sign (3rd Rib)

A→P on right rib slightly lateral of chondracostal junction. Compare with left rib. **LNT**

Baseline 1: 2: 3:

Murphy's Sign

Copy from Gallbladder

Chapman Reflex: Liver/Gallbladder

Copy from Gallbladder

FUNCTIONAL EVALUATION

Fatty Acids

Oral pH

Optimal = 7.2 – 7.4

Repeated Muscle Challenge

Contraindications: Local joint or muscle injuries. **LNT**

Postural Muscle: Muscle Side Baseline 1: 2: 3:
e.g. Quadriceps

>20 reps: No deficiency
 15-19 reps: Mild deficiency
 9-14 reps: Moderate deficiency
 0-8 reps: Severe deficiency

Non-Postural Muscle: Muscle Side Baseline 1: 2: 3:
e.g. Deltoids

>20 reps: No deficiency
 15-19 reps: Mild deficiency
 9-14 reps: Moderate deficiency
 0-8 reps: Severe deficiency

LIVER

Murphy's Sign
Copy from *Liver*

Chapman Reflex: Liver/GB
Copy from *Liver*

Dr. DeJarnette's Sign (3rd Rib)
Copy from *Liver*

Mineral Balance

Lowenburg's Test

Contraindications: Phlebitis, edema, thrombosis, or any vascular or circulation problems in the legs. **LNT**

Baseline 1: 2: 3:

Iodine Status Test

Apply 2" x 2" patch & instruct client to monitor for next 24 hours, noting when patch has completely disappeared. **Contraindications:** Iodine or shellfish allergy. Hashimoto's.

Time Applied: Time Faded: Hours:

Zinc Status Test

Contraindications: Eating or drinking anything (other than water), smoking, or chewing gum less than 30 minutes before the taste test.

Excellent: Strong, unpleasant taste noted immediately
 Fair: Definite (but not strongly unpleasant) taste noted immediately that intensifies with time
 Poor: No taste noted immediately, with dry, mineral, or furry taste developing after 10-15 seconds
 Deficient: Tastes like water (no specific taste is noted when held in mouth for up to 30 seconds)
 Extremely Deficient: Tastes sweet when held in the mouth for up to 30 seconds

Iron Status Test

Sufficient: Lines brighten
 Deficient: Lines do *not* brighten

FUNCTIONAL EVALUATION

Hydration

Vascular Hydration Indicator

- Excellent:** Veins stay the same
- Fair:** Veins are still visible but reduced
- Poor:** Veins are no longer visible

Water

fl. oz. or ml / day of pure water

Diuretics

fl. oz. or ml / day of diuretics

KIDNEYS

Chapman Reflex: Kidneys

1" →↑ from umbilicus (R & L) **LNT**

Baseline	1:	2:	3:
Right Left	Right Left	Right Left	Right Left
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Endocrine

PITUITARY

Pituitary / Hypothalamus Point

Palpate for tenderness, A→P **LNT**

Baseline	1:	2:	3:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

THYROID

Costal Margins: Thyroid

General tenderness to palpations **LNT**

Baseline	1:	2:	3:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Chapman Reflex: Thyroid/Heart

2 (R & L) **LNT**

Baseline	1:	2:	3:
Right Left	Right Left	Right Left	Right Left
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Pretibial Edema: Thyroid

¼ - ½ up tibia from ankle

- None:** Disappears immediately
- Mild:** Disappears within 10 seconds
- Severe:** Remains longer than 10 seconds

REPRODUCTIVE

Medial Heel: Uterus/Prostate

½ between ankle bone & heel bone (R & L)

Contraindications: Pregnancy

Right	Left
<input type="text"/>	<input type="text"/>

Inside Arch: Ovaries/Testes

Apex of arch (R & L)

Contraindications: Pregnancy

Right	Left
<input type="text"/>	<input type="text"/>

Iliotibial Band (Chapman Reflex: Uterus/Prostate)

Where client's fingers end when held by side of legs (R & L). Overlaps with Chapman Reflex for the Colon. **LNT**

Baseline	1:	2:	3:
Right Left	Right Left	Right Left	Right Left
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Chapman Reflex: Ovaries/Testes

Pubic Symphysis (inner)

Always ask permission to palpate this area first or have the client use their own hands. **LNT**

Baseline	1:	2:	3:
Right Left	Right Left	Right Left	Right Left
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Chapman Reflex: Uterus/Prostate

Pubic Symphysis (outer)

Always ask permission to palpate this area first or have the client use their own hands. **LNT**

Baseline	1:	2:	3:
Right Left	Right Left	Right Left	Right Left
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Breast Tenderness

Have client palpate around the circumference of the breast/pectoral tissue (for both women and men). **LNT**

R	L
<input type="text"/>	<input type="text"/>

FUNCTIONAL EVALUATION

Immune & Allergy

Chapman Reflex: Sinuses

1st Intercostal Space (R & L) **LNT**

Baseline	1:	2:	3:
Right Left	Right Left	Right Left	Right Left
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Chapman Reflex: Lungs

3rd & 4th Intercostal Spaces (R & L) **LNT**

Baseline	1:	2:	3:
Right Left	Right Left	Right Left	Right Left
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3 rd	<input type="text"/>	<input type="text"/>	<input type="text"/>
4 th	<input type="text"/>	<input type="text"/>	<input type="text"/>

Chapman Reflex: Thymus

5th Intercostal Space (R) **LNT**

Baseline	1:	2:	3:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Histamine Point

½ between xiphoid and mid-mammary (R). Locate the 6th intercostal space on the right side only and move up one rib and over lateral from the sternum. Sits on the edge of the pectoralis muscle at a 5:00 position.

Sanchez-Cuenca Test (Allergic Tension)

Take pulse for 60 sec. sitting. Have client stand, wait 15-30 sec. and take 2nd 60-second pulse. Rise of 6+ beats/minute indicates allergic tension.

Pulse Sitting: Pulse Standing: Difference: Allergic Tension?

Toe Touch

Contraindications: Lower back problems.

Measure inches / cm from end of fingers to floor. **LNT**

Baseline	1:	2:	3:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Internal Hip Rotation

Contraindications: Ankle, knee, or hip problems.

Measure rotation in degrees. (R & L) **LNT**

Baseline	1:	2:	3:
Right Left	Right Left	Right Left	Right Left
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Cardiovascular

Blood Pressure

Copy forward from *Adrenals*

Systolic: Diastolic:

Pulse

Copy from *Immune & Allergy*

Left Thenar Pad

Palpate in center of pad

Chapman Reflex: Thyroid/Heart

2 (R & L) **LNT**

Baseline	1:	2:	3:
Right Left	Right Left	Right Left	Right Left
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Detoxification

Balance Test: Complete test first with eyes open. If the client can remain steady for 20 seconds, repeat the test with eyes closed. **LNT**

Eyes Open 20+ sec.: Excellent 11-19 sec.: Satisfactory 6-10 sec.: Poor 0-5 sec.: Fail 1: 2: 3:

Eyes Closed 20+ sec.: Excellent 11-19 sec.: Satisfactory 6-10 sec.: Poor 0-5 sec.: Fail 1: 2: 3:

Point Test: Lightly touch 2+ points on client's upper & lower arms (2 spots inner & 2 outer arm) & ask the client to touch the same spot.

Upper Arm <1": Excellent 1-2": Satisfactory >3": Poor **Lower Arm** <1": Excellent 1-2": Satisfactory >3": Poor