




UCO CLINIC ABBREVIATIONS

Abd.	Abduction	GROM	Good range of movement
A/C jt.	Acromio-clavicular joint		
Add.	Adduction	H/A	Headache
Agg.	Aggravating	HVT	High velocity thrust
Ant.	Anterior		
A/P	Antero-posterior	Imp.	Improved (<i>specify pain or function</i>)
Artic.	Articulation		
AS	Ankylosing Spondylitis	↑	Increased
ASIS	Anterior superior iliac spine	Inf.	Inferior
		Int. Rot.	Internal rotation
BP	Blood Pressure	IVM	Involuntary mechanism
∴	Because		
Ⓟ	Bilateral	Ⓚ	Constant
Ca	Cancer	Lat.	Lateral
CAT	Computerised axial tomography	Ⓛ	Left
		<	Less than
CES	Cervical erector spinae	LBP	Low back pain
Δ	Change	LES	Lumbar erector spinae
C/o	Complaining of	LEx.	Lower extremity
Cr. I – XII	Cranial nerves 1 to 12	Lig.	Ligament
CSF	Cerebro-spinal fluid	LMNL	Lower motor neurone lesion
CSp	Cervical spine	L/S	Lumbo-sacral joint
C/T	Cervico-thoracic joint	LSp	Lumbar spine
CVA	Cerebro-vascular accident		
Cxx	Cancelled	ME	Myalgic encephalopathy
		Med.	Medial
↓	Decreased	MET	Muscle energy technique
△	Diagnosis	MI	Myocardial infarction
△△	Differential diagnosis	mm	Muscles
D and V	Diarrhoea and vomiting	MRI	Magnetic resonance imaging
DNA	Did not arrive	MS	Multiple sclerosis
DVT	Deep vein thrombosis		
		NAD	No abnormality detected (e.g. on x-rays)
ECG	Electro-cardiogram	NAR	No apparent reason
ECT	Electro-convulsive therapy	-ve	Negative
EEG	Electroencephalogram	°	No (e.g. as in °change)
ESR rate	Erythrocyte sedimentation rate	NRI	Nerve root irritation
Ext. Rot.	External rotation	NSAID	Non-steroidal anti-inflammatory
Ext.	Extension	OA	Osteo-arthritis
Exx.	Exercise	O/A	Occipito-atlanto joint
		O/E	On examination
Flex.	Flexion		
#	Fracture		
G/H jt.	Gleno-humeral joint		
GIT	Gastro-intestinal tract		
>	Greater than		

	Pain		infection
P + E	Present and equal		
PID	Prolapsed inter-vertebral disc	VBI	Vertebro-basilar insufficiency
PIDs	Pelvic inflammatory disease	\bar{C}	with
PMH	Past medical history		
PMR	Polymyalgia rheumatic	1/7	one day or once a day
P + N	Pins and needles	1/52	one week or once a week
Post.	Posterior	1/12	one month or once a month
PR	Per rectal		
Prog.	Prognosis	xx	on a diagram, denotes an
PSIS	Posterior superior iliac spine	area	
Pt.	Patient	xx	of muscular hypertonia
P _x	Prescribed		Centre of gravity or weight-bearing
+ve	Positive		
1°	Primary	e.g.	
		 ®	Weight bearing right
®	Right		
RA	Rheumatoid arthritis		
Rad.	Radiating		
Rel.	Relieving		
ROM	Range of movement		
Rot ⁿ	Rotation		
RTA	Road traffic accident		
S/B	Side bending		
Scol	Scoliosis		
2°	Secondary		
SI	Sacro-iliac		
SLRT	Straight Leg raising Test		
S/S	Sacral springing		
ST	Soft tissue		
Sup.	Superior		
Σ	Symptoms		
TES	Thoracic erector spinae		
T/L	Thoraco-lumbar joint		
∴	Therefore		
TIA	Transient ischaemic attack		
TSp.	Thoracic spine		
TTP	Tender To Palpate		
TTT	Treatment		
T _x or Tr ⁿ	Traction		
UEx.	Upper extremity		
UMNL	Upper motor neurone lesion		
URTI	Upper respiratory tract		