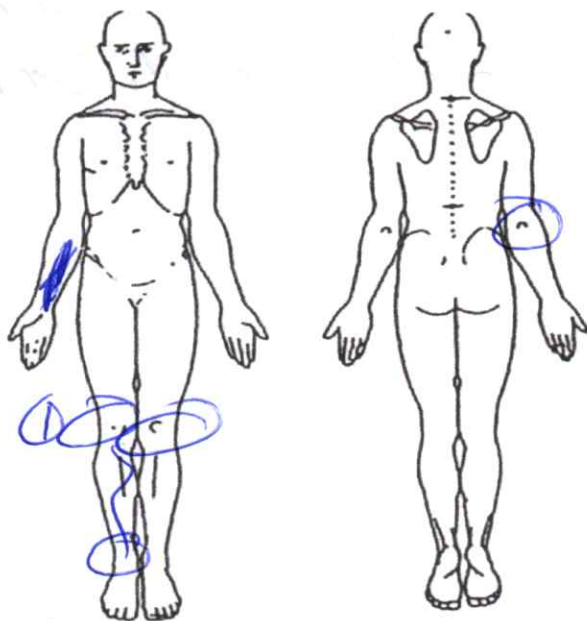


Name: Fran Gleason



Indicate site or pain and referral area

Site of restriction

Location of pain/restriction/other:

R tibia retraction  
R thigh ache  
PFS?

Onset - Initial (when/how it first began): Chronic (acute on chronic)

Now (current presentation): OK until move

Other Symptoms: → ankle

Type of Pain: Sharp → aching → Puffing

Referral Pain: → ankle

What aggravates the pain? movement worse ↑

Degree of Pain (0-10): 1-2 ↑ 6 Irritability Level: Low Med High

What Offsets / Alleviates the Pain? movement when stiff

Past Treatments & Results: none

Special Questions (may also be specific to region): worse in morning

**OBJECTIVE EXAMINATION** - Body Type: Hypomobile 0-1 ( ) Average 2-4 (✓) Hypermobile 5-9 ( )

**Observation**

Posterior view	Anterior view	Lateral view

00  
00  
00  
-  
11

Motion Tests

Active (P1, S1, PB)	Passive [P1, S1, R1] PKIB R 6 Fingers R. (Spring) L 6 Fingers R. (Spring)
Resisted	Functional/Special Tests

Palpatory Assessment:

Clinical Impression: \_\_\_\_\_

Treatment MFTI GASTRO, Vas Lat Rec palm DIP MTP Vas Lat	Reassessment PKIB L 4 Fingers R. (Spring) R 5 Fingers R. (Spring)
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Corrective Exercises

Exercise	Sets	Reps	Other Advice
QUAD STRETCH	_____	_____	HOLD FOR 20 SEC
CALF RAISE	_____	_____	_____

Postural Improvements: \_\_\_\_\_

Treatment Goals / Management Plan: 2 weeks - arm, White Med  
(@12.1P)