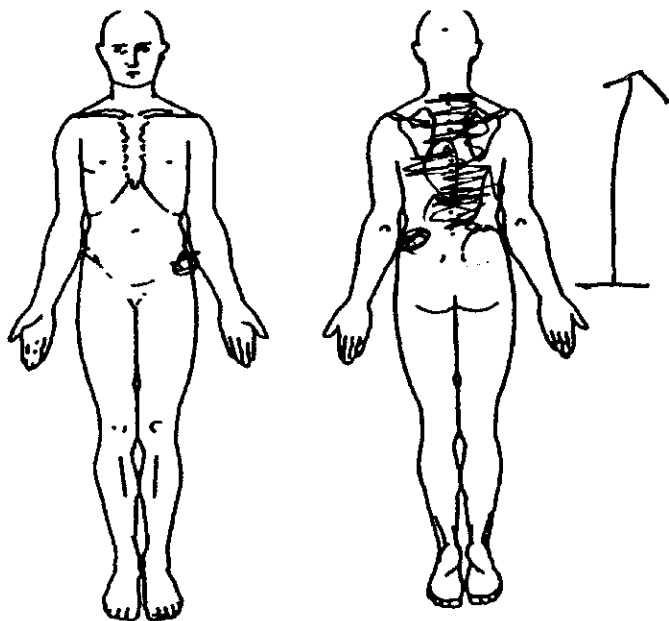


Name: Linda Hickey

Indicate site or pain and referral area

Site of restriction

Location of pain/restriction/other: \_\_\_\_\_

① ax / Lx  
② HIP

Onset - Initial (when/how it first began): Chronic (acute due to work on farm)  
Now (current presentation): Tight

Other Symptoms: No painType of Pain: TightReferral Pain: none indicated

What aggravates the pain? \_\_\_\_\_

Degree of Pain (0-10): \_\_\_\_\_ Irritability Level: Low \_\_\_\_\_ Med \_\_\_\_\_ HighWhat Offsets / Alleviates the Pain? RestPast Treatments & Results: Massage (regular)

Special Questions (may also be specific to region): not worse in morning  
not waking

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

## Observation

Posterior view R SHldr ↑ P1s Planns / slight R ACH ↓	Anterior view R CHldr ↓ R ACH ↓ SHldr int rot ASIS L ↓	Lateral view R GT → APT 1-5 X L GT ← APT 1-5
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sternal angle  
70°

00  
00  
0  
11  
0

# Motion Tests

<p>Active (P1, S1, PB)</p> <p>Cx Rotn L 50° P. @ U/T R 45° P. @ R. Scal</p> <p>Cx Lat Flex L 30° S. @ Ant Scal R 30° S. @ x</p> <p><del>Lat Flex L</del> R</p>	<p>Passive (P1, S1, R1)</p> <p>Hip Flex 95° R (springy) 80° R (springy)</p>
<p>Resisted</p>	<p>Functional/Special Tests</p> <p>Scap off load + 've Blat</p> <p>SLR 70° S. @ H/S 60° S. @ H/S-</p>

Palpatory Assessment:

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

<p>Treatment</p> <p>MPTT - ESE, U/T, Lev Scap. Rec Fem, Scalenes</p>	<p>Reassessment</p> <p>Cx Rotn L 60° P. @ U/T R 50° P. @ R. Scalenes</p>
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## Corrective Exercises

Exercise	Sets	Reps	Other Advice
Hip Flexor	1	3	Hold for 20 sec.
Piriformis			Stretch

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

Treatment Goals / Management Plan: \_\_\_\_\_

## PATIENT SCREENING QUESTIONNAIRE FOR COVID-19

Please Circle Yes or No

1. Have you received both Covid Vaccinations? **Yes** **No**
  - a. If no are you booked in for your vaccination? **Yes** – Date    /   /    **No**
2. Do you have a fever or Respiratory Symptoms? **Yes** **No**

Symptoms include fever OR an acute respiratory infection and include (but are not limited to) cough, sore throat, fatigue and shortness of breath with or without a fever.

3. Have you been identified as a close contact of a confirmed case of coronavirus? **Yes** **No**

A close contact is someone who has been face to face for at least 15 minutes, or been in the same closed space for at least 2 hours with someone who has tested positive for the COVID-19 when that person was infectious.

3. Have you returned from overseas within the last 14 days? **Yes** **No**
4. Are you waiting on COVID-19 swab results? **Yes** **No**
5. Have you been asked to self-isolate by your GP, or a government authority? **Yes** **No**
6. Have you received a COVID-19 vaccination in the past 3 days? **Yes** **No**
7. (Clinic only) Have you checked in? **Yes** **No**

I, the undersigned hereby declare that the information I have provided in this questionnaire is true and accurate

Name LINDA HICKEY

Your signature L.M. Hickey

Date 2/12/2021

**CHECK-IN NOW**



Tarregower Remedial Massage



Unable to scan? Download the  
Service Victoria app and use code:

**QDG Z6Q**