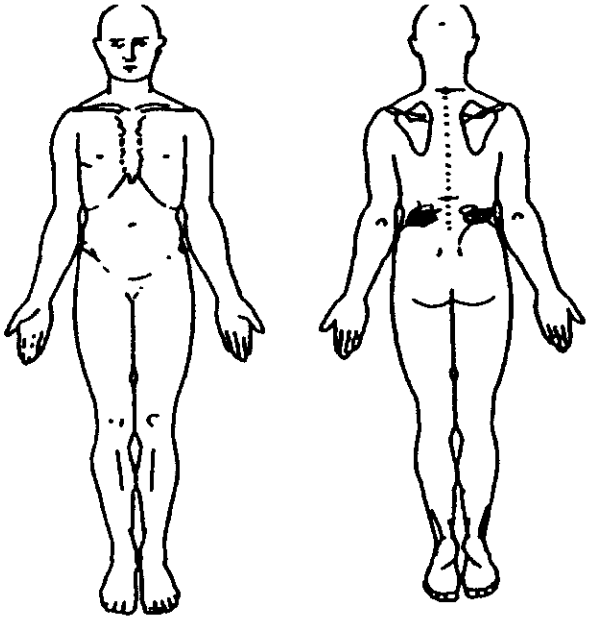
TARRENGOWER REMEDIAL MASSAGE

Date 10/12/22
Initial Consultation Form

Name: Carol Walters



Indicate site or pain and referral area

Site of restriction

Location of pain/restriction/other: Sciatica previously
Maintenance

Onset - Initial *(when/how it first began)*: NO SPECIFIC PATHOLOGY

Now *(current presentation)*: ⇒ MAINTENANCE

Other Symptoms: _____

Type of Pain: _____

Referral Pain: _____

What aggravates the pain? _____

Degree of Pain (0-10): _____ Irritability Level: Low_____Med_____High

What Offsets / Alleviates the Pain? _____

Past Treatments & Results: _____

Special Questions *(may also be specific to region)*: _____

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

Observation

Posterior view	Anterior view	Lateral view
R PSIS ↑ R Scap ↑ Lordosis	C/O TILT R ASIS R ↑	R Plumb ANT = 2.0

Motion Tests

Active *(P1, S1, PB)*	Passive *[P1, S1, R1)*
Lx Tx Flex 2cm Tamble	
Resisted	**Functional/Special Tests**

Palpatory Assessment:

Clinical Impression: _____

_____

Treatment	Reassessment
MFTT Ilio Costalis Longiss., U/T, Lev Scap DIP MTRP - U/T, Lev Scap MFTT @ Lat Dorsi, Glute Med, Glute Max, Piriformis P&S Piriformis	

Corrective Exercises

Exercise	Sets	Reps	Other Advice
Cx Lat Stretch, Lev Scap Stretch			
Piriformis stretch			

Postural Improvements: _____

_____

Treatment Goals / Management Plan: Book in New Year

_____