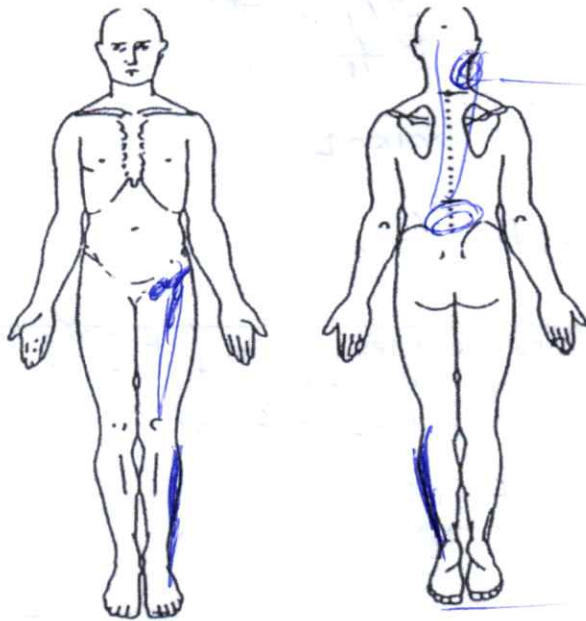


Date 4/9/23  
Initial Consultation FormName: Jude Allen

Indicate site or pain and referral area

Site of restriction

Location of pain/restriction/other:

Ⓛ Peroneal nerve painOnset - Initial (when/how it first began): 2015/16 - Surgery  
Now (current presentation): 'Jammed'Other Symptoms: HIPType of Pain: JamReferral Pain: FootWhat aggravates the pain? Staying in 1 position, particularly standingDegree of Pain (0-10): 7/9 Irritability Level: Low Med HighWhat Offsets / Alleviates the Pain? Heat, Tens machinePast Treatments & Results: osteo, physio, massage, but notSpecial Questions (may also be specific to region): wakes at night**OBJECTIVE EXAMINATION** - Body Type: Hypomobile 0-1 ( ) Average 2-4 (✓) Hypermobile 5-9 ( )**Observation**

Posterior view <u>R Scap ↑</u> <u>pes Plenum</u>	Anterior view <u>R clav ↑</u> <u>ASIS ✓</u> <u>Shldr ✓</u>	Lateral view <u>Plumb L Lh ←</u> <u>APF = 1.0</u> <u>ASIS ✓</u>
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# Motion Tests

<p>Active (P1, S1, PB)</p> <p>Lv Flex 2cm ↓ knee S. @ QL</p>	<p>Passive (P1, S1, R1)</p> <p>Hip Flex <del>L 115°</del> R (Spring) <sup>115°</sup></p> <p><del>R 115°</del> L (Spring) <sup>115°</sup></p> <p>Dorsi Flexion <sup>L</sup></p> <p><sup>R</sup></p> <p>Plantar Flexion <sup>L</sup></p> <p><sup>R</sup></p>
<p>Resisted</p>	<p>Functional/Special Tests</p> <p>Martons Neuroma Test <sup>L</sup> <del>R</del> <sup>115°</sup></p> <p>Peroneal entrapment Test <sup>R</sup> <del>L</del> <sup>115°</sup></p> <p>SLR <sup>L</sup> 60° R (Spring)</p> <p><sup>R</sup> 70° R (Spring)</p>

Palpatory Assessment:

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

<p>Treatment</p> <p>MFTT Peroneus longus &amp; Brevis</p> <p>Castrov. , Sclaus, Rec Fem Vars</p> <p>Lat, Vars Med. Glute Med, Max</p> <p><sup>Hamsstrings</sup></p> <p>DIP MT/P Castrov, Glute</p> <p>Max.</p> <p>Pbs Piriformis</p>	<p>Reassessment</p> <p>Lx Flex 2cm ↓ knee</p> <p>Hip Flex <sup>L</sup> 115° <sup>R</sup> (Spring)</p> <p><sup>R</sup> 125° <sup>R</sup> (Spring)</p> <p>SLR <sup>L</sup> 70° <del>R (Spring)</del> S @ QL</p> <p><sup>R</sup> 80° S @ QL.</p>
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## Corrective Exercises

Exercise	Sets	Reps	Other Advice
Peroneals Stretch	_____	_____	Twist around foot pull to dorsi
_____	_____	_____	Flex & invert & hold.
_____	_____	_____	_____

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

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

Follow Neural Pathway

## Consent for Treatment

### I understand that:

- This is a massage treatment and is not a medical or allied health treatment (physiotherapy, osteopathy, chiropractic)
- I have viewed the therapists' qualifications
- The risks specific to my individual circumstances may have a bearing on my decision to proceed with the proposed treatment
- The therapist reviewed my health history before treatment commenced
- The therapist explained that the physical assessment I received may involve partial undressing and may require the therapist to palpate (touch) the area(s) of my body relevant to my presenting condition
- The therapist explained the treatment options to me
- The therapist explained the associated risk and possible side effects with the treatment options as described
- The therapist discussed the massage procedures, the areas of the body to be treated, the undressing and dressing procedures, the draping procedures and the positioning on the table for and during treatment
- The therapist established that the treatment session will be stopped should the treatment as first agreed to, require modification. The therapist will explain the reason for the change and any risks and/or side effects as a result of the change
- I can ask any questions in regard to any modification to the treatment plan. I should be totally comfortable with the explanation and reasoning for the change before consenting to the modification to the initial treatment plan
- The therapist has explained that I have the right to refuse treatment, to make changes to the treatment and to stop the massage at any time
- I have the right to request evidence for treatment that may include the abdomen, anterior and lateral chest, and buttock and / or groin areas. I understand I have the right to refuse treatment of these areas
- If I agree to treatment to any of the areas mentioned in the point above, I may be requested, by the therapist, to complete a consent form relevant to those areas

Only sign below if the above information is understood and has occurred

Client Name: Judy M. Allen Signature: [Signature] Date: 4-9-23

Parent/Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Therapist Name: Paul Gilders Signature: \_\_\_\_\_ Date: \_\_\_\_\_