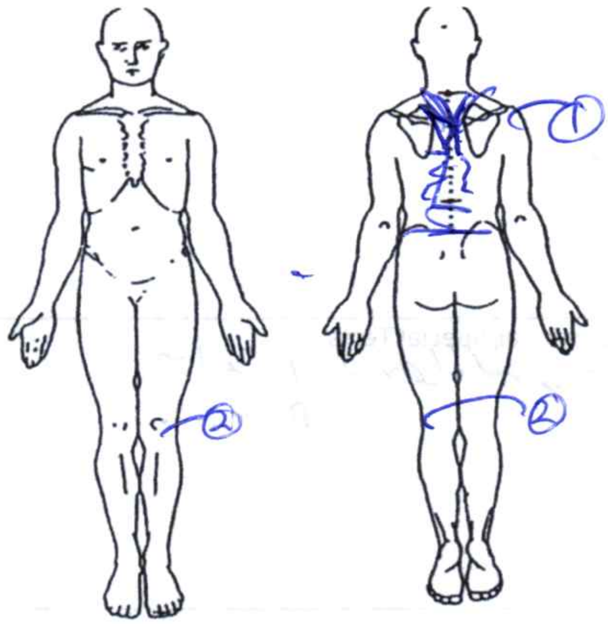
TARRENGOWER REMEDIAL MASSAGE

Date 27/ 4 / 23
Initial Consultation Form

Name: Andrea Adams



Indicate site or pain and referral area

Site of restriction

Location of pain/restriction/other: Cx / Tx

② Medial

® Cx Tilt

Onset - Initial *(when/how it first began)*: Acute on Chronic

Now *(current presentation)*: has settled.

Other Symptoms:

Type of Pain: Sore

Referral Pain: Teeth (TMJ)

What aggravates the pain? work ?

Degree of Pain (0-10): ________ Irritability Level: Low ____ ~~Med~~ → High

What Offsets / Alleviates the Pain? Trigger Point release

Past Treatments & Results: Physio Stretching

Special Questions *(may also be specific to region)*: No headaches, wakes at night

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

Observation

Posterior view	Anterior view	Lateral view
R scap ↑ ADG L3 R3 PSIS R↓ Pes planus		APS = 2 0 Plumb L ✓ R ✓ ASIS R↓

Motion Tests

Active *(P1, S1, PB)*	Passive *[P1, S1, R1]*
Cx Retn R 50° P, @ Post Scalene L 60° PB. Cx Lat Flex R 45° PB L 30° S, @ Post Scalene Cx Flex 2 fingers S, @ Semi Spinalis	
Resisted	**Functional/Special Tests**
	Scap offload L +ve R +ve

Palpatory Assessment:

Clinical Impression: _____

Treatment	Reassessment
MFRT - Illio costalis, Longissimus, Semispinalis, Lat Dorsi, UT, Lev Scap, Splenius cerv. Splenius cap DIP MT, P UT, Lev Scap Cx Joint Mob	Cx Retn R 70° PB L 70° PB.

Corrective Exercises

Exercise	Sets	Reps	Other Advice
Cx Stretch	___	___	_____
_____	___	___	_____
_____	___	___	_____

Postural Improvements: _____

Treatment Goals / Management Plan: Andrea to re-book