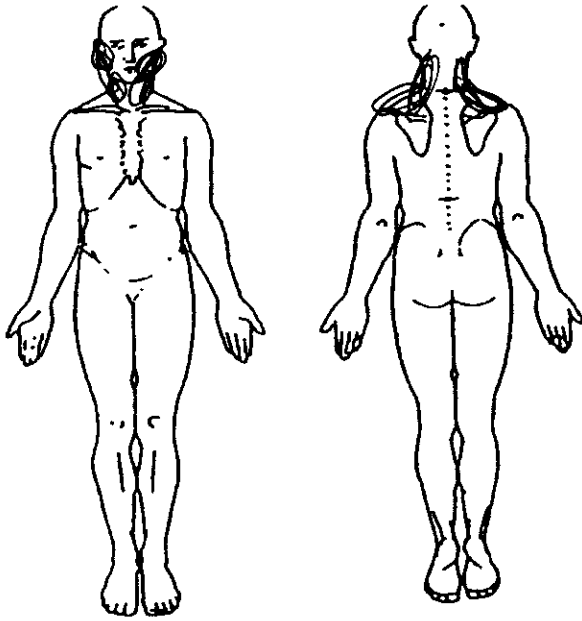


Date 11/10/2023

Initial Consultation Form

Name: Alvie Collier

Indicate site or pain and referral area

Site of restriction

Location of pain/restriction/other: _____

- Suspected TMSD
- Tight neck and shoulders - particularly
- (L)

Onset - Initial (when/how it first began): Shoulder - chronic; TMSD - 2/7.
 Now (current presentation): Soie jaw & Neck

Other Symptoms: none indicated.Type of Pain: a numb in jaw, Tight in neck & shouldersReferral Pain: none indicatedWhat aggravates the pain? nothing specificDegree of Pain (0-10): 7 Irritability Level: Low Med HighWhat Offsets / Alleviates the Pain? painkillersPast Treatments & Results: noneSpecial Questions (may also be specific to region): last IBUPROFEN 5 hrs ago.**OBJECTIVE EXAMINATION** - Body Type: Hypomobile 0-1 (✓) Average 2-4 () Hypermobile 5-9 ()**Observation**

Posterior view	Anterior view	Lateral view

Motion Tests

Active (P1, S1, PB) Cx Rotn L 45° P, @ Lev Scap R 70° S, @ Cx Lat Flex L 30° P, @ TMJ R 30° S, @ U/I Cx Flex 2 Fingers Cx Ext 20° P, @ U/I	Passive (P1, S1, R1)
Resisted 3 Finger Test = 2 Fingers	Functional/Special Tests Scap offload L +ive R +ive

Palpatory Assessment:

Clinical Impression: _____

Treatment MFTT - Masseter, Temporalis, Scm, Scalenes, U/I, Lev Scap Splen cap; Splen corr D.P M.T.P - Masseter, U/I, Lev Scap	Reassessment
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Corrective Exercises

Exercise	Sets	Reps	Other Advice
Cx Stretch	2	2	Daily
Lev Scap Stretch	2	2	Daily

Postural Improvements: _____

Treatment Goals / Management Plan: as needed.