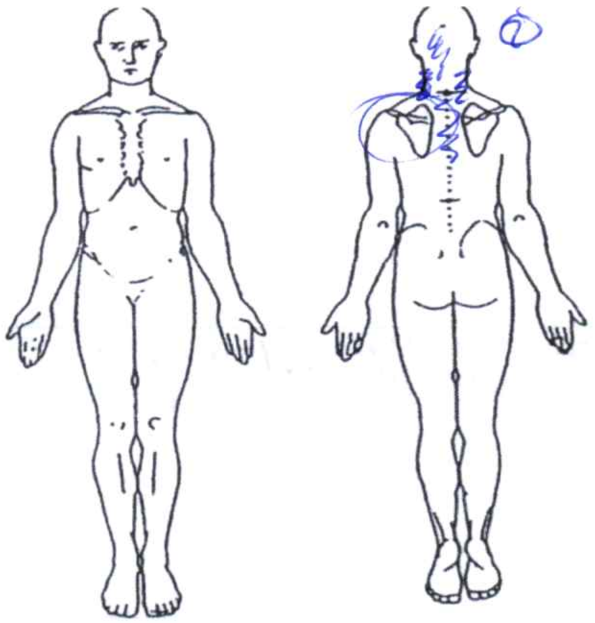
TARRENGOWER REMEDIAL MASSAGE

Date 29/ 4 / 23

Initial Consultation Form

Cx ROM (L)

Name: Jennifer Woodhouse



Indicate site or pain and referral area

Site of restriction

Location of pain/restriction/other: Referral to chest
→ Scalenes ?
Very busy lifestyle

Onset - Initial *(when/how it first began)*: acute on chronic ↑ 6months.

Now *(current presentation)*:

Other Symptoms: Headaches (R)

Type of Pain:

Referral Pain: Chest

What aggravates the pain? stress

Degree of Pain (0-10): 7 Irritability Level: Low Med **High** (circled)

What Offsets / Alleviates the Pain? Stretch

Past Treatments & Results: Physio → treatment was good

Special Questions *(may also be specific to region)*: worse at night - wakes up

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

Observation

Posterior view	Anterior view	Lateral view
L Scap ↑ AOG L3 R4 Per plantar PSS ✓	APT = 2 Shlder ✓ ASIS ✓	L Plan gt

1 1
0 0
1 1
0

Motion Tests

Active *(P1, S1, PB)*	Passive *[P1, S1, R1)*
Shldr Abd L 180° PB R 180° PB Shldr Flex L 175° P. @ Rhom R 180 P. @ Rhom Cx Rotn L 70° S. @ Scalene R 60° S. @ Scalene	
Resisted Cx Lat Flex L45° S. @ Scalene R45 S. @ Scalene	**Functional/Special Tests** Scapular offload L +'ve R +'ve

Palpatory Assessment:

Clinical Impression: _____

Treatment	Reassessment
MFR Idio Costalis, Longissimus, Semispinalis, Lev Scap, UT, Post Scalene, Lat Dorsi, Splen Cerv DP MTP Lev Scap, Rhom, UT, Post Scalene	

Corrective Exercises

Exercise	Sets	Reps	Other Advice
Cx Stretch	1	2	Daily
YTW	1	2	〃
Lev Scap	1	2	〃
			〃

Postural Improvements: _____

Treatment Goals / Management Plan: _____