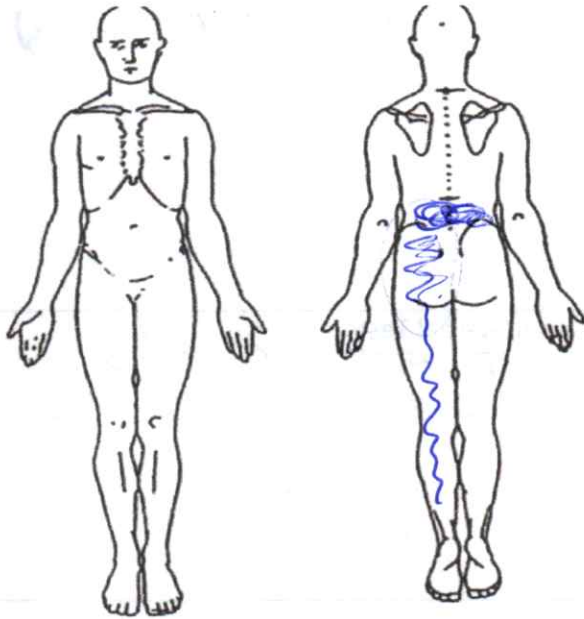


Date 25 / 4 / 23

Initial Consultation Form

Name: Scott Glen



Indicate site or pain and referral area

Site of restriction

Location of pain/restriction/other: \_\_\_\_\_

LBP  
Piriformis Syndrome

Onset - Initial (when/how it first began): acute on chronic

Now (current presentation): same

Other Symptoms: \_\_\_\_\_

Type of Pain: Sharp

Referral Pain: Back of L leg

What aggravates the pain? on feet

Degree of Pain (0-10): 9 Irritability Level: Low \_\_\_\_\_ Med \_\_\_\_\_ High

What Offsets / Alleviates the Pain? sit - off feet

Past Treatments & Results: oste

Special Questions (may also be specific to region): Hurts to sit -> Standing & walking  
-> Pain ↑. Worse later in day. OK in morning

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

**Observation**

Posterior view	Anterior view	Lateral view
<u>Scap ↑</u> <u>Psis ✓</u>		

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# Motion Tests

## Active (P1, S1, PB)

Lx Flex ankle 2 @ gastro  
 Lx Lat Flex L 10cm knee P @ TFL?  
 R knee 3 @ TLF  
~~HIP Flex L 125° R~~  
 R

## Passive [P1, S1, R1]

HIP flex R 125° R (Spinal)  
 L 125° R (Spinal)

## Resisted

## Functional/Special Tests

SLR R 80° S @ H/S  
 L 45° S @ Glute -  
 Gaeslong L - 10°  
 R - 10°

## Palpatory Assessment:

## Clinical Impression:

## Treatment

MFTT iliocostalis, QL, TLF,  
 LAT Dorsi, Glute Med, Glute  
 Max, H/S, Calves.  
 OIF MTP- Glute Med, Glute  
 Max, Piriformis

## Reassessment

Lx Flex ankle PB  
 Lx Lat Flex L 5cm knee P @ TFL?

## Corrective Exercises

Exercise	Sets	Reps	Other Advice
Piriformis Stretch	2	3	
ad QL			
Glute Stretch	2	3	

## Postural Improvements:

## Treatment Goals / Management Plan:

Call when needed ~ 3 weeks

## 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: Scott Chen Signature: [Signature] Date: 25/4/23

#### Parent/Guardian

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Therapist

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