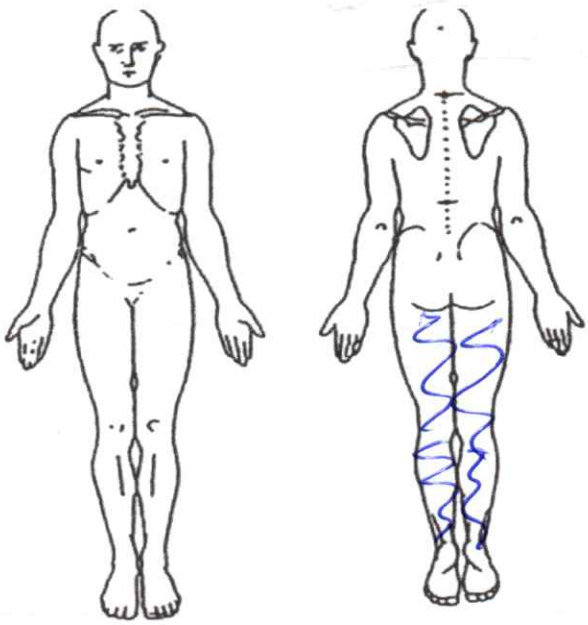
TARRENGOWER REMEDIAL MASSAGE

Date 30/6/23

Initial Consultation Form

Name: Leon Griffin



Indicate site or pain and referral area

Site of restriction

Location of pain/restriction/other:

Tightness in (L) calf

→ not able to run.

Onset - Initial *(when/how it first began)*: 3-4/52

Now (*current presentation*): Tight

Other Symptoms: none indicated

Type of Pain: Tightness

Referral Pain: none indicated

What aggravates the pain? Running

Degree of Pain (0-10): _____ Irritability Level: Low _____ Med (✓) _____ High

What Offsets / Alleviates the Pain? Rest

Past Treatments & Results: None

Special Questions *(may also be specific to region)*: sore when cold & running

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

Observation

Posterior view	Anterior view	Lateral view
Slight 'J' ing of calc. tendon		Slight inversion

Motion Tests

Active *(P1, S1, PB)*	Passive *[P1, S1, R1)*
Dorsi flex L 5cm R 4cm	~~Dorsi flex~~ ~~✓✓~~ ~~Plantar flex ✓✓~~
Resisted	**Functional/Special Tests**
Dorsi flex ✓✓ Plantar flex ✓✓ Plantar flex - knee flexed 90° ✓✓	

Palpatory Assessment: R gastroc & soleus hypertonic

Clinical Impression: _____

Treatment	Reassessment
MFR Biceps fem, Semi Mem, Semi Tend., Gastroc., Soleus, Tib Post. D.P MFR P Tib Post, Soleus, gastroc. Stripping - Gastroc, Soleus	Dorsi flex L 5cm R 4cm

Corrective Exercises

Exercise	Sets	Reps	Other Advice
Heel Raise	2	3	
Heel Drop	2	3	

Postural Improvements: _____

Treatment Goals / Management Plan: easy jog on grass. No running on Hard surface