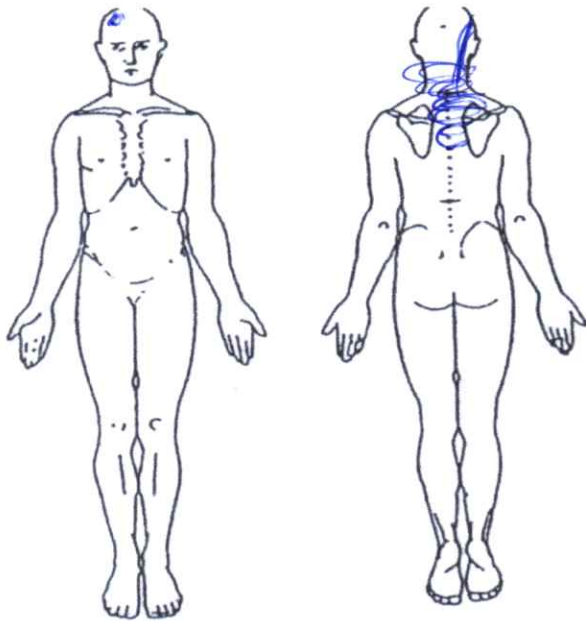


Date 25/8/23

Initial Consultation Form

Name: Tracey Keeler

Indicate site or pain and referral area

Site of restriction

Location of pain/restriction/other: cx stiffness splittingwound

Onset - Initial (when/how it first began): 4 days - continued workshops
 Now (current presentation): Referral pattern, but Rem improved

Other Symptoms: HeadacheType of Pain: SoreReferral Pain: To @ side of headWhat aggravates the pain? Walking, Turning head, liftingDegree of Pain (0-10): 6 to 4 Irritability Level: Low Med HighWhat Offsets / Alleviates the Pain? walking - post day 1, rest.Past Treatments & Results: N/ASpecial Questions (may also be specific to region): First Thing in morning, then at night

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

Observation

Posterior view SCAPS ✓ Lumbocurve PSIS R ✓	Anterior view AOA = 4L 3-5R ✓ CLVL RT ASK R ✓ SMLH ✓	Lateral view PSIS R - KNEE LME APT = 1.5
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Motion Tests

Active (P1, S1, PB) Cx Rotn L 60° P @ Lev Scap R 90° PB Cx Lat tilt L 45° P @ Lev Scap R 45° S @ Lev Scap Cx Flex 2 Bumpers	Passive (P1, S1, R1)
Resisted	Functional/Special Tests Scap offload L +ve R -ve

Palpatory Assessment:

Clinical Impression: _____

Treatment MFT ilio costalis, longissimus Semi spialis, U/T, Lev Scap, Supraspinatus, Spen Cap, Spen DIP M/P, P Lev Scap, Cx Joint Mob (post)	Reassessment Cx Rotn L 75° P @ Lev Scap R 90° PB
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Corrective Exercises

Exercise	Sets	Reps	Other Advice
Lev Scap Cx Stretch	1	2	Daily
U/T Cx Stretch			Daily

Postural Improvements: _____

Treatment Goals / Management Plan: Tracey to book in for Chiropr
Hips