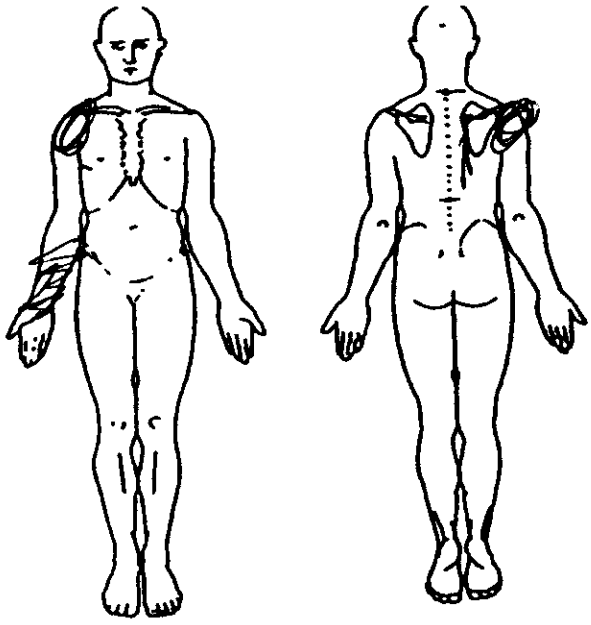
TARRENGOWER REMEDIAL MASSAGE

Date 10 / 12 / 22
Initial Consultation Form

Name: Andrea Lee



Indicate site or pain and referral area

Site of restriction

Location of pain/restriction/other:

® Shoulder - MOI → lift 45kg dog.

® Pronator Teres Syndrome

Onset - Initial *(when/how it first began)*: ~~8/52~~ 8/52 45kg dog

Now *(current presentation)*: Really painful.

Other Symptoms:

Type of Pain: Heavy / Dull · always present

Referral Pain: Median Nerve pathway

What aggravates the pain? Working - dog grooming, Moving

Degree of Pain (0-10): 8 Irritability Level: Low ____ Med ____ (High)

What Offsets / Alleviates the Pain? adjust sleeping position

Past Treatments & Results: None

Special Questions *(may also be specific to region)*: aches at night

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

Observation

Posterior view	Anterior view	Lateral view
R Scap ↑ 1lo costals H/T.	R CWL ↑ R Shldr IR	Plumb R ✓ L ✗

Motion Tests

Active *(P1, S1, PB)*	Passive *(P1, S1, R1)*
Lx Flex Mildly. Cx Rotn L 80° PB R 80° P, @ Post Scapula	
Resisted	**Functional/Special Tests**
R Bicep elbow flex x x R Shldr abd x x.	Hawkins Kennedy +ve

Palpatory Assessment:

Clinical Impression: Suspected Sub-acromial impingement

Treatment	Reassessment
MFTT ESG, UT, Lev Scap, Lat Dorsi Infra, Deltoids, bicep, Pronator Teres, FCR DTP MTRP Supra MFTT	

Corrective Exercises

Exercise	Sets	Reps	Other Advice
Resistance band		Bicep Curls ↑ elbow Stabilised	
"	1	Shld abd ↑	" 1
		→ Step if Shoulder hurts	

Postural Improvements:

Treatment Goals / Management Plan: Ring when needed