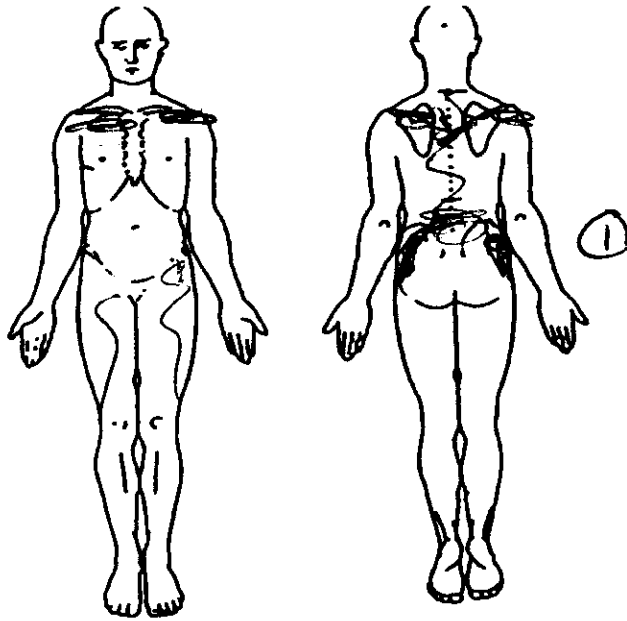


Name: Brendan McDougall

Indicate site or pain and referral area

Site of restriction

Location of pain/restriction/other: _____

PSOS
Glute Med
Piriformis
Stride Shorter when
running.
7.10K

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

chronic (acute on chronic)

Now (current presentation):

tightOther Symptoms: LBPType of Pain: tightnessReferral Pain: none indicatedWhat aggravates the pain? not warming up

Degree of Pain (0-10): _____

Irritability Level: Low _____ Med _____

High

What Offsets / Alleviates the Pain?

stretches, spiky Ball, self massage

Past Treatments & Results:

Physio ✓

Special Questions (may also be specific to region):

occasionally woken @ night
morning worse**OBJECTIVE EXAMINATION**

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

Observation

Posterior view <u>ADQ 4.5/L</u> <u>PSIS ✓</u> <u>Lordosis</u>	Anterior view <u>shdls</u> <u>CLUL ✓</u> <u>Shoulders 1K</u> <u>ASIS ✓</u>	Lateral view <u>Physio ✓</u> <u>PTT = 1.5</u>
---	---	--

Motion Tests

Active (P1, S1, PB) SLR Lx Flex 5cm ↑ knee S. @ 4/5	Passive (P1, S1, R1) HIP Flex L 90° R. (Spring) R 90° R. (Spring)
Resisted	Functional/Special Tests SLR R 40° S. @ 4/5 L 40° S. @ 4/5

Palpatory Assessment: Rec Fem hypertonic

Clinical Impression: _____

Treatment MTT Rec Fem, H/S, gastroc Soleus, iliacus. DIP MTP iliacus. Rec fem P&S Rec fem	Reassessment SLR L 60° S. @ 4/5 R 70° S. @ 4/5 HIP Flex L 110° R. (Spring) R 110° R. (Spring)
---	--

Corrective Exercises

Exercise	Sets	Reps	Other Advice
HIP Flexor	1	2	Hold for 20 sec

Postural Improvements: _____

Treatment Goals / Management Plan: Call when needed

→ Upper Body Work still required