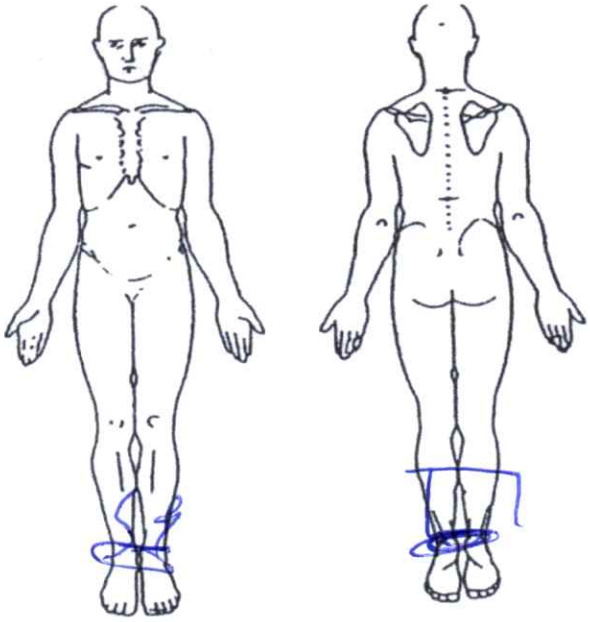
TARRENGOWER REMEDIAL MASSAGE

Date 17/5/23

Initial Consultation Form

Name: Nod Over



Indicate site or pain and referral area

Site of restriction

Location of pain/restriction/other:

Ankles

TiB ant?

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

Now *(current presentation)*: pain on movement

Other Symptoms: None indicated

Type of Pain: ~~Numbness~~ Sharp Tear

Referral Pain: None indicated

What aggravates the pain? Plantar flexion

Degree of Pain (0-10): Shit ⇒ Bloody Hell Irritability Level: Low____ Med____ (High)

What Offsets / Alleviates the Pain? Rest

Past Treatments & Results: Nil

Special Questions *(may also be specific to region)*: No Pain Killers

Worse @ ~~morning~~ after work

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

Observation

Posterior view	Anterior view	Lateral view

Motion Tests

Active *(P1, S1, PB)*	Passive *[P1, S1, R1)*
	Dorsi flex L 5° R1 (spring) R 5° R1 (spring)
Resisted	**Functional/Special Tests**

Palpatory Assessment:

Clinical Impression: _____

_____

Treatment	Reassessment
MFIT- Gastroc, Soleus, Peroneus longus & brevis, Extensor dig. & hal. Flexor dig & hal. Plantar fascia. T.b Cast.	Dorsi flex L 10° R1 (spring) R 15° R1 (spring)

Corrective Exercises

Exercise	Sets	Reps	Other Advice
			Heel raises

Postural Improvements: _____

_____

Treatment Goals / Management Plan: _____

_____