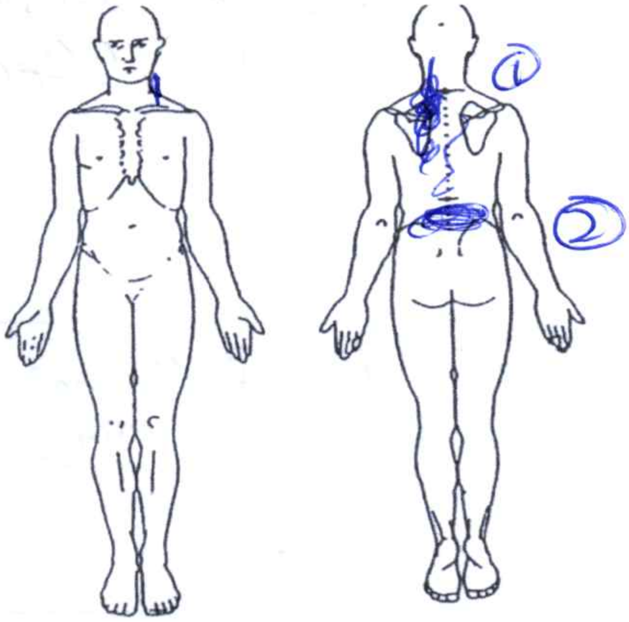
TARRENGOWER REMEDIAL MASSAGE

Date 23/8/23

Initial Consultation Form

Name: Peter WILSON



Indicate site or pain and referral area

Site of restriction

Location of pain/restriction/other:
Ⓡ CX (lev Scap)
LBP .

Onset - Initial *(when/how it first began)*: 6/12 ago

Now *(current presentation)*: Sore ② tight ① . stiff
4-5

Other Symptoms: None indicated

Type of Pain: ① Stiffness ② Twinge

Referral Pain: None indicated.

What aggravates the pain? ① Moving ② Tx Rotn Ⓡ .

Degree of Pain (0-10): 4-5 Irritability Level: Low_____ Med_____ High (circled)

What Offsets / Alleviates the Pain? Relax / Back off

Past Treatments & Results: Myotherapy (Brian)

Special Questions *(may also be specific to region)*: Getting out of Bed.

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

Observation

Posterior view	Anterior view	Lateral view
PSIS - ~~AOA L5~~ AOA L5 Scap ✓ R3.5	Shldrs 1R clvcl ✓ ASIS R↑.	L Plumb ✓ R Plumb ' → Knee →

Motion Tests

Active *(P1, S1, PB)*	Passive *[P1, S1, R1]*
Lx Flex - Mid shin S, @TLF Cx ~~Flex~~ Rotn R 30° P. @ Low Scap L 45° P. @ Mid Scap Cx Lat Flex R 100 P. @ Post Scalene ~~R~~ 50° S. @ Post. Scalene	Hip Flex L 100° R (Spring) R 100° R (Spring)
Resisted	**Functional/Special Tests** SLR R 45° R (Spring) L 85° R (Spring)

Palpatory Assessment: QL Hypertonic

Clinical Impression: _____

Treatment	Reassessment
MFRT - QL, iliocostalis, long. ss., Semi spinalis, U/T, Low Scap	Cx Rotn L 45° Pain @ Low Scap R 30° Pain @ Low Scap

Corrective Exercises

Exercise	Sets	Reps	Other Advice
Cx Stretch (WF)	2	2	Daily
Cx Stretch (Low Scap)	2	2	Daily

Postural Improvements: _____

Treatment Goals / Management Plan: as needed - not before 2 weeks apart
→ Next if sore