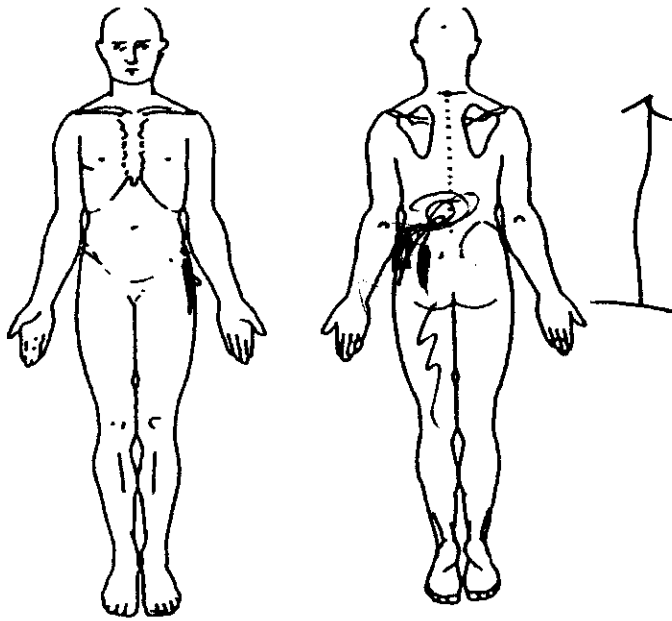


Date 8/11/22

Initial Consultation Form

Name: Laureyne
Widdes

Indicate site or pain and referral area

Site of restriction

Location of pain/restriction/other: _____

PiriformisGlute MedTLFS.I.J.Onset - Initial (when/how it first began): Making bed - Kneel to Stand = OUCHNow (current presentation): ache 4-5/10Other Symptoms: initially - Sit → stoneType of Pain: acheReferral Pain: Back of legWhat aggravates the pain? sittingDegree of Pain (0-10): 9 Irritability Level: Low Med HighWhat Offsets / Alleviates the Pain? vitamin (last taken this morning)Past Treatments & Results: Physio - Lacklan - Pargreaves & testing
currently treating for S.I.J. DysfunctionSpecial Questions (may also be specific to region): No worse at night → bad all
the time

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

Observation

Posterior view Scaps ✓ PSIS RA	MOG = R=4 L=3K	Anterior view ASIS KA	Lateral view Plumb KA ✓ L Knee ←
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02
11

Motion Tests

Active (P1, S1, PB) Lx Flex, Knee, S1 @ (L) Glute Med Lx Lat Flex R Knee S1 @ (L) " L Jnt Flex P1 @ Glute Med	Passive (P1, S1, R1)
Resisted	Functional/Special Tests Trenoblenberg L - R+

Palpatory Assessment:

Clinical Impression: _____

Treatment MFTT Ilio Costalis, Longissimus Lat Dorsi, QL, Glute Med Glute Max O.P MTP, P Glute Med, Glute Max	Reassessment Lx /Tx Flex knee S1 @ (L) Glute Med Lx /Tx Lat Flex R Knee S1 @ (L) Glute Med L P1 @ "
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Corrective Exercises

Exercise	Sets	Reps	Other Advice
_____	_____	_____	Continue with exercises
_____	_____	_____	from Physio.
_____	_____	_____	_____

Postural Improvements: _____

Treatment Goals / Management Plan: _____