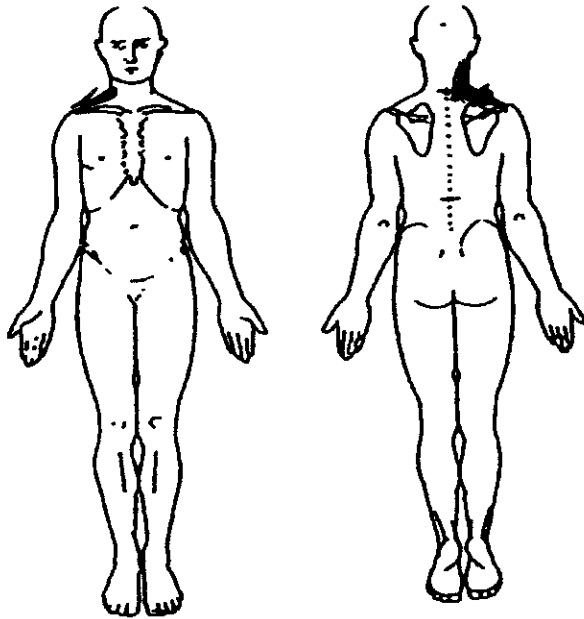


Name: Amy BAKINSON

Indicate site or pain and referral area

Site of restriction

Location of pain/restriction/other:

② Shoulder ~~top~~
Superior & posterior

Onset - Initial (when/how it first began): acute on Chronic 6/52
 Now (current presentation): 4/10

Other Symptoms: Pain @ ② lateral epicondyleType of Pain: Dull ache - move = sharper painReferral Pain: Local & headWhat aggravates the pain? computer for a long time suspending itemsDegree of Pain (0-10): 4/10 Irritability Level: Low Med HighWhat Offsets / Alleviates the Pain? Heat, self massagePast Treatments & Results: NilSpecial Questions (may also be specific to region): Sleep - interrupted

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

Observation

Posterior view <u>R Shoulder</u> <u>Lordosis</u> <u>ABR 24</u> <u>R 3.5</u>	Anterior view <u>CLICL ✓</u> <u>ABR</u>	Lateral view <u>R ABR ✓</u> <u>CLICL</u> <u>L ABR</u> <u>CLICL</u> <u>ATT ✓</u>
---	---	--

6
 11
 00
 00
 11

Motion Tests

<p>Active (P1, S1, PB)</p> <p>L Cx Rotn 45°</p> <p>R Cx Rotn 80°</p> <p>L Cx Lat Flex 30°</p> <p>R 20°</p> <p>Cx flex 3 Fingers</p>	<p>Passive (P1, S1, R1)</p> <p>P1 @ Post Scapula</p> <p>S1 @ Mid Scapula</p> <p>S2 @ Mid Scapula</p> <p>S3 @ U/T</p>
<p>Resisted</p>	<p>Functional/Special Tests</p>

Palpatory Assessment:

Clinical Impression: _____

<p>Treatment</p> <p>METT ESC, TRAPS, LEV SCAP, Scalenes</p> <p>DIP Lev Scap</p> <p>→ MTP U/T Scalene</p>	<p>Reassessment</p> <p>L Cx Rotn 70° P1 @ Scap Scalene</p> <p>R Cx Lat Flex 40° PB</p>
--	---

Corrective Exercises

Exercise	Sets	Reps	Other Advice
_____	_____	_____	Cx stretch
_____	_____	_____	_____
_____	_____	_____	_____

Postural Improvements: _____

Treatment Goals / Management Plan: 2 weeks 6:30 ~~Mon~~ Thurs

PATIENT SCREENING QUESTIONNAIRE FOR COVID-19

Please Circle Yes or No

1. Do you have a fever or Respiratory Symptoms? Yes ☒ No

Symptoms include fever OR an acute respiratory infection and include (but are not limited to) cough, sore throat, fatigue and shortness of breath with or without a fever.

2. Have you been identified as a close contact of a confirmed case of novel coronavirus? Yes ☒ No

A close contact is someone who has been face to face for at least 15 minutes, or been in the same closed space for at least 2 hours with someone who has tested positive for the COVID-19 when that person was infectious.

3. Have you returned from overseas within the last 14 days? Yes ☒ No

4. Are you waiting on COVID-19 swab results? Yes ☒ No

5. Have you been asked to self-isolate by your GP, or a government authority? Yes ☒ No

6. Have you received a COVID-19 vaccination in the past 3 days? Yes ☒ No

7. Clinic only) Have you checked in? Yes ☒ No

8. (Mobile only) How many visitors have been to your house today? ____

I, the undersigned hereby declare that the information I have provided in this questionnaire is true and accurate

Name Amy ATKINSON

Your signature 

Date 7, 10, 21

CHECK-IN NOW



Tarregower Remedial Massage



Unable to scan? Download the Service Victoria app and use code:

QDG Z6Q