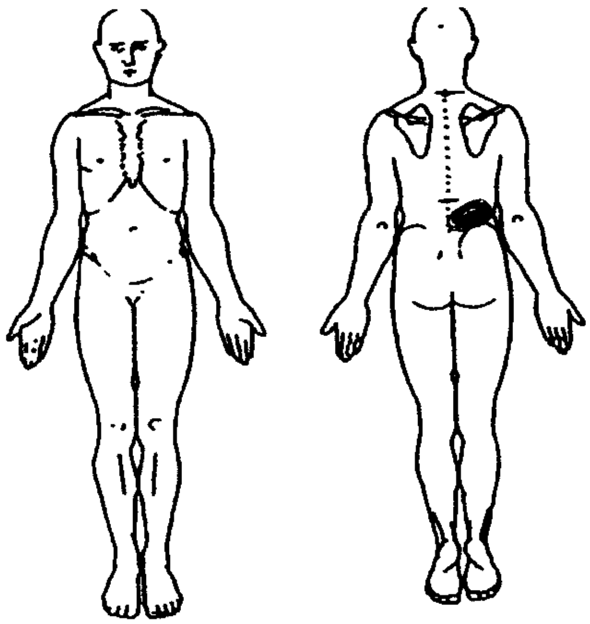
TARRENGOWER REMEDIAL MASSAGE

Date 12/ 22/ 22
Initial Consultation Form



Name: Gary Beynon

Indicate site or pain and referral area

Site of restriction

Location of pain/restriction/other: Lower (R) Back

Onset - Initial *(when/how it first began)*: 11/12 ago - MOI - Seizure
Now *(current presentation)*: not bad now - niggling

Other Symptoms: None indicated
Type of Pain: Sharp initial → Dull
Referral Pain: None Indicated
What aggravates the pain? Laying down

Degree of Pain (0-10): 7-8/10 Irritability Level: Low_____ Med_____ (High)
What Offsets / Alleviates the Pain? Walking / movement

Past Treatments & Results: 4 Physio sessions . +'ve

Special Questions *(may also be specific to region)*: Worse in morning. Free up after walk

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

Observation

Posterior view	Anterior view	Lateral view
PSIS ✓ Scap ✓ NOAL 4 R 3.5	L CLVCL ↓ Shldr Int R Bilat ASIS ✓	L/R KHa, LM ← APT 0.5.

Motion Tests

Active *(P1, S1, PB)*	Passive *[P1, S1, R1)*
Lx Flex M. D THigh s, @ i/lo costalis Lx Ext R 2cm↑ knee s, @ i/lo cos. R L 3cm↑ knee s, @ i/lo cost	Hip Flex - L 95° R, (Springy) R 95° R, (Springy)
Resisted	**Functional/Special Tests**
	SLR L 40° s, @ H/S R 45 s, @ H/S.

Palpatory Assessment:

Clinical Impression: _____

Treatment	Reassessment
MFTT i/lo costalis, Longiss., Lev Scap, U/T, M/T, L/T. QL, Glute Med, Glute Max H/S, calves, RecFem. P&S Piriformis	Lx Flex ½ Shin B/L Lx Ext Flex L 1 cm ↑ knee R knee

Corrective Exercises

Exercise	Sets	Reps	Other Advice
Piriformis			
Glute/LB Stretch			

Postural Improvements: _____

Treatment Goals / Management Plan: Gary to call/ ~~book~~ in the New Year