

- 19 Mar 2025 at 2:07PM

19/3/25 - Naomi doing ok no major issues. Elbow pain is gone and she is watching her training. Felling today shoulders and R arm has had neuro signs of paresthesia but not at the moment No issues with ROM. ULNT positive for radial nerve on R. Rx PBM with R calf ti, gluteal area ti bi and mid/upper back ti bi mostly on teres and rotator cuff muscles. Joint mobilisation PAVIMs T1-C5 to aid if there is neuro compression. Re tested ULNT and both arms were negative at the end for all radial, ulnar and med nerve. DK

- 23 Jan 2025 at 1:27PM

23/1/25 Client doing ok. Her husband has tested positive for COVID 2 days ago but she is asymptomatic and tested negative. Main complain today is usual upper back. She has had headaches but not as bad as the ones she used to have in the past, and medial elbow pain due to lifting heavy weights at the gym. She was advised to check her technique training and consider dropping the weight. Also, if pain persists to seek further investigation with her GP. No neuro signs, or issues with mobility. Rx BNS + arms. Really ti around Tx and Upper body but surprisingly not the neck. Arms with active TrPs on forearms and medial elbow (flexors). She reported to still feel them ti so advising to watch or seek help with her GP. DK

- 11 Nov 2024 at 3:45PM

11/11/24 - Client main c/o is LBP with referral pain for the hip. Mostly R side but has had on L. No neuro signs, but has had some numbness on L leg but not at the present moment. FABERS, gaelens, contractio/distraction and sacral pressure tests all + on R and all positive on L but gaeslens. FABERS for hip and SIJ positive. Rx PBM + ant thigh + join mobilisation on SIJ. Pain reduced significantly at the end and all FABERS negative at the end. Didnt retest the others due to a timing issue but pain was reported to be 90% better. DK

- 16 Oct 2024 at 3:32PM

16/10/24 - Client doing much better and today is more a maintenance treatment. Her sh pain and even neuro signs have now subsided, and she only feels shoulders ti at the moment due to her training in the gym. Rx BNS + chest and ant. neck. Shoulders mildly ti but all released with some TrPs and neck doing much better. Chest stretches and MFR as well as TrPs for gluteal area. She really relaxed in her session today. DK

- 20 Sep 2024 at 4:01PM

20/9/24 - Client feeling much better with full ROM on the R shoulder and minimal pain in the Rhomboids area on R. Still has some neuro referral pain but nothing like before. She also resigned her job after 35 years of teaching so feeling great. Rx BNS with TrPs on both RBs and ES group around Tx area, as well as points on Subscapularis and SS on R sh. Felt great leaving the treatment room today. DK

- 11 Sep 2024 at 3:50PM

11/9/24 - Client feeling much better in comparison to last week. No more pain referring to the chest, just 3/10 (last week 10/10 pain level) around the R Rhomboid area and R subscapularis (referral pain of the musculocutaneous nerve). ROM for Sh restored and no pain on any movement. Rx BNS with mid Tx area and Cx ES and RBs ti bi, mostly R but lot better. Able to get chest and TrPs for Subscapularis without any issues. Still having some neuro sings but that has improved as well. Client is handing in her work resignation this Friday (Today Wednesday) after 35years of teaching year 12 in schooling. So new start for her, she is very excited about it. DK

- 2 Sep 2024 at 4:53PM

2/9/24 - Client main c/ o intense R sh pain with referral neuro signs into the fingers. ROM actually ok but P coming from Tx level around Rbs are and referring all the way into the front and chest. ULNT radial, ulnar and median nerve tests negative bi, however, suggested musculocutaneous nerve impingement. Painf arch. negative bi, lift off negative bi and empty can

negative bi. Rx Upper body /sh and neck. Particularly R sh, around T2-T8 Joint mobilisations PAIVMs and Sh glide mobs. DT work on Rbs, ES group and rot cuff bi but really ti on R; Chest TrPs ti on R and MFR on diaphragm. Neck muscles ti but released with MFR as she had enough pressure. Rebooked in two days but follow up to see how she is tomorrow. DK

- 12 Aug 2024 at 2:06PM

12/8/24 - Client back feeling her strong headaches with neck very sore and ti. Still feeling neuro signs on R sh going down to R hand. ULNT +tive for radial nerve on R, -tive for ulnar and median nerve bi. Some movements are impacted due to sh pain and neuro signs. Rx BNS + arms. A lot of tension on mid and upper back, particularly ES group, Traps and Lev Scap bi. Subocipitals ti bi all released with TrPs and DT. She felt instant relief of her headache one neck was released. Did also ULNT mobilisation for radial nerve (flossing) and also gave her home exercises to mobilize the radial nerve. Retested ULNT for R on R and test was negative at the end. DK

- 11 Jul 2024 at 1:47PM

11/7/24 - Client definitely feeling better in comparison to two days ago, and upon assessment feeling ti but not as bad, so no DN today. Still feeling some neuro signs, so today we did PBM, and joint mobilisation from C6 - T3, PAVIMs and transverse mobilisations to ease off the pain. ULNT for median, ulnar and radial nerve negative bi but felt uncomfortable on radial nerve on R, When retested was still uncomfortable but not as bad. In addition, did back of legs with gluts ti again particularly R, but released ok. DK

- 9 Jul 2024 at 2:42PM

9/7/24 - Client went to Brisbane for the past week to visit relatives and she is now feeling sore/ti all around her R side of the body, sh, arms, neck, LB, hips and even legs. NO neuro signs but feeling really ti and heavy. Hasnt had any of her heavy headaches, which is positive. She believes is due to sleeping on a different bed but doesnt recall doing anything different that would cause any

pain. Upon Ax R sh , particularly around Rot cuff very ti, discussed DN and decided on treatment. Rx DN of R sh, DN, SS, IS and Teres minor 6 needles 0.25x30mm all level 6. Completely released the entire rot cuff. Followed by FBM with focus on upper body, and back of legs. L hamstring was also ti, but released nicely. DK

- 10 Jun 2024 at 11:35AM

10/6/24 - client main c/o R neck/shoulder and LB/Hip ti for the past few days. No neuro signs or issues with ROM. Rx PBM with focus on gluts and LB as well as upper body. R LB ti and upper body ti bi but mostly L, overcompensating. She felt great at the end. DK

- 27 May 2024 at 11:40AM

27/5/24 - Client feeling much better than last time. Has had covid last week so had a week off work. Still have a little bit of headaches but nothing like last time. Re hips she decided to just to exercises and see how she goes. No neuro signs in any places or issues with mobility. Rx BNS with focus on mid and upper body, particularly L, and R on neck. She really relaxed today. DK

- 2 May 2024 at 4:06PM

2/5/24 - Client has had a headache for a few days, like the old ones, and really feeling it. Doesnt recall doing anything to it but we discussed her recent spin classes for her hip and the neck and upper body positioning during the class and after. Recommended stretches for neck and shoulders straight after the class. No neuro signs and no ROM complications just a lot of tension and headache. Rx BNS with significant ti around mid Tx all the way to suboccipitals bilateral. All released with a lot of DT and TrPs but she seemed much better at the end. DK

- 15 Apr 2024 at 6:34PM

15/4/24- client feeling better. Had a cortisone injection for R hip 10 days ago and feeling better, shoulder particularly R sore but ok. No other neuro signs

and certainly not issues with ROM. Rx FBM with focus on legs to bi and upper body mostly R to. Really enjoyed her session today. DK

- 25 Mar 2024 at 2:20PM

25/3/24 - Naomi hasn't been in for nearly 6 months. Has been diagnosed with hip bursitis bi, and has had cortisone injections for both sides, L came up good but right one still hurting. In addition, R hip has a labral tear and tendinopathy. Upper body ok, and no headaches. No neuro signs or issues with mobility but she can't lie/sleep on her side as it hurts. Rx PBM + ant thigh. Lots of tension on back of legs and gluteal area, bilateral but mostly on R. Glut Max in particular ti on R. She felt better at the end. Discussed and demonstrated gluteal stretches and recommended her to see a physio (LWP). Rebooked in 3 weeks. Review her P and stretches next time. DK

- 27 Sep 2023 at 4:57PM

27/9/23 - Client feeling ok but neck/shoulder are a bit painful. Has had a couple of headaches. Still seeing physio for her hips. Went back to the GP and she was giving her anti-inflammatory, so she is still unsure of what to do. Monitoring the p at the moment. No neuro signs on upper or lower body and no issues with ROM. Rx BNS with focus on LB and gluteals bi ti as well as TrPs for HFs. Upper body shoulders and N not as ti but worked on. DK

- 6 Sep 2023 at 4:55PM

6/9/23 - She is feeling great and doing a lot of exercise only complain is the usual N P. No neuro signs or issues with mobility. Still seeing the physio for the hips and the L improved but R still giving trouble and she is considering going to GP for further investigations. Rx BNS and neck and an; Tx and Cx as usual and N. She really enjoyed her treatment today. DK

- 11 Jul 2023 at 11:20AM

11/7/23 - Client had a migraine over the weekend and had felt a ti spot over the L sh. Feeling chest ti as well due to training in the gym this morning. Rx

BNS + chest and N. Upper body Tx and Cx ti bi particularly ti around Rhomboid area on L. Chest and N ti bi Pectorals and SCM. DK

- 13 Jun 2023 at 12:43PM

13/6/23 - Follow up with GP revealed double hip bursitis with potential spinal inflammation as well; GP suggested cortisone injection as well as physio so referred to LWP (Jody Pike) ; Main concern today is upper body as she is starting to have a headache again. Rx BNS with upper body really ti bi as well as suboccipitals. Really felt the pressure today but she handled well. Client also mentioned arm/elbow P due to weight training so ran through some upper body stretching. DK

- 30 May 2023 at 12:34PM

30/5/23 - C/o hip hurting R dull aching P and L sharp nerve P; neck doing better and no headaches since last visit, and feeling good, even though she had a very busy time at work her neck and shoulders pulled up good. Rx PBM and ant thigh; focus on legs, R side lots of MFR and TrPs to release ti ITBs and gluteal, L TrPs for Piriformis and hip and LB joint mobilisation; A referral letter will be sent to see her GP; DK

- 10 May 2023 at 5:52PM

10/5/23 - Client feeling much better and hasnt had a migrane since last session. Todays C/o was her hips; R hip could be bursitis (already discussed in previous sessions to see her GP about it) L needs joint mobilisation at Hip level due to potential nerve compression as she gets numbness down the anterior leg. Rx PBM with focus on hamstrings, gluteal are and LB as well as some work on the upper body. Also anterior thigh and L hip mobilisation grade 1 & 2. Referred the numbness to significantly decreased after treatment. DK

- 3 May 2023 at 3:45PM

3/5/23 - has a headache and feeling tired today, mostly because of work, but definitely feeling the improvement. In addition, today she mentioned about bi

hip P, R seems to be related to bursae P (FABERS , Obers Positive before and after the treatment; BNS, chest and ant neck similar to last session and trying to focus on MFR as she seems to respond better to it. Legs/hips work around hamstrings, gluteal and ITBs/TFL. Discussed her visiting a GP for proper diagnoses. DK

- 26 Apr 2023 at 3:48PM

26/4/23 - Client feeling Ok and headaches have certainly improved since last visit. Still getting them but not as intense. Rx BNS as well Jaw outter TrPs and Subscapularis; joint mobs on C5-C7 grade 1/2. Really calm and sleepy by the end. DK

- 17 Apr 2023 at 12:34PM

17/4/23 - Client felt really good after last treatment, but still getting the headaches every two days. Today's Rx focused on BNS R ti but released. Tx ti bi all the way up to the N. Discussed stretching of N again. DK

- 3 Apr 2023 at 11:36AM

3/4/23 - Client hasnt come for a treatment since Nov 22 and her headaches /migranes are back in full bloom; In addition has bi hip P with numbness going down the L knee; Forehead and Jaw tension was also reported today. Rx BNS with significant focus on upper body, neck and Jaw area; A lot of DT and MFR to get through the N particularly R but got muscles released. Return booked in two weeks.DK