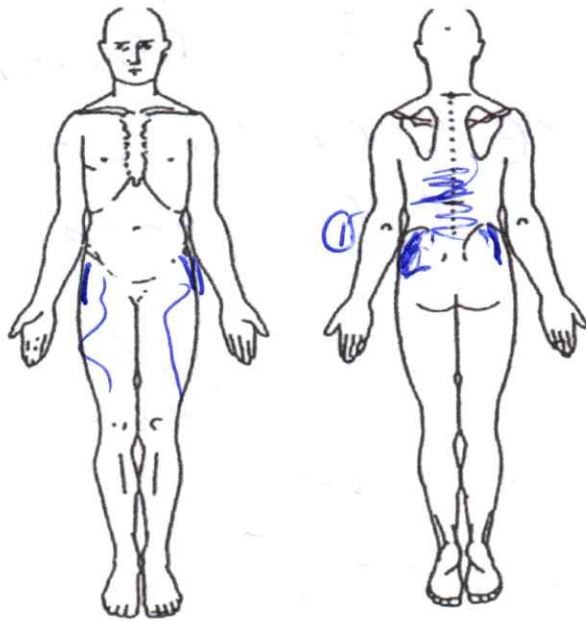


Date 3/10/22  
Initial Consultation Form

Name: Judi Bromage



Indicate site of pain and referral area

Site of restriction

Location of pain/restriction/other: \_\_\_\_\_

② HIP

4R!!

Onset - Initial (when/how it first began): Acute on Chronic 3/12 → Acute  
Now (current presentation): sore - 7/10

Other Symptoms: \_\_\_\_\_

Type of Pain: SI

Referral Pain: Front & Back of Leg; 2nd at

What aggravates the pain? walking, bending, lifting

Degree of Pain (0-10): 8-9 Irritability Level: Low \_\_\_\_\_ Med \_\_\_\_\_ High

What Offsets / Alleviates the Pain? Don't Nothing apart from  
time / standing

Past Treatments & Results: Physio - short term relief

Special Questions (may also be specific to region): worse at night can drag  
into day from dull ache

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

### Observation

Posterior view Scap IV PSI ✓ ABG ✓ 4 R 3.5	Anterior view CL ✓ SL ✓ ASIS ✓	Lateral view R Phunk AT → Knee Line
--	---	---

00  
00  
00  
00  
00

# Motion Tests

<p>Active (P1, S1, PB)</p> <p>Lx/Tx flex ankle 3. @ Pop foss</p> <p>Lx/Tx lat flex L knee 3. @ TLF</p> <p>"Chunk" at Hip R knee 3. @ TLF</p> <p>Ex Rotn L</p> <p>In Rotn R</p>	<p>Passive (P1, S1, R1)</p> <p>HIP Flexion L 90° P. @ Hip Flex tendon</p> <p>R 125° R. Spring</p> <p>PKB L 6+ Fingers</p> <p>R 6 Fingers</p>
<p>Resisted</p>	<p>Functional/Special Tests</p> <p>SLR L 60° S. @ Pop foss</p> <p>R 90° S. @ H/S</p> <p>Trendelenburg L -ve</p> <p>R +ve</p> <p>Thomas L -ve</p> <p>R -ve</p>

Palpatory Assessment:

Clinical Impression: \_\_\_\_\_

<p>Treatment</p> <p>MRTT - TLF, Boregissimus,</p> <p>Glute Med, Glute Max, Relem</p> <p><del>HIP HT</del></p> <p><del>PBS</del> Piriformis</p>	<p>Reassessment</p> <p>HIP FLEX L 125° (R. Spring)</p> <p>R 125° (R. Spring)</p> <p>PKB L 4 Fingers</p>
--	---

## Corrective Exercises

Exercise	Sets	Reps	Other Advice
Relem	1	3	} every 2nd day
Piriformis	1	3	

Postural Improvements: \_\_\_\_\_

Treatment Goals / Management Plan: Heat it sore. 2 weeks if ROM decreases.

→ May need Bort's Major



## Consent for Treatment

### I understand that:

- This is a massage treatment and is not a medical or allied health treatment (physiotherapy, osteopathy, chiropractic)
- I have viewed the therapists' qualifications
- The risks specific to my individual circumstances may have a bearing on my decision to proceed with the proposed treatment
- The therapist reviewed my health history before treatment commenced
- The therapist explained that the physical assessment I received may involve partial undressing and may require the therapist to palpate (touch) the area(s) of my body relevant to my presenting condition
- The therapist explained the treatment options to me
- The therapist explained the associated risk and possible side effects with the treatment options as described
- The therapist discussed the massage procedures, the areas of the body to be treated, the undressing and dressing procedures, the draping procedures and the positioning on the table for and during treatment
- The therapist established that the treatment session will be stopped should the treatment as first agreed to, require modification. The therapist will explain the reason for the change and any risks and/or side effects as a result of the change
- I can ask any questions in regard to any modification to the treatment plan. I should be totally comfortable with the explanation and reasoning for the change before consenting to the modification to the initial treatment plan
- The therapist has explained that I have the right to refuse treatment, to make changes to the treatment and to stop the massage at any time
- I have the right to request evidence for treatment that may include the abdomen, anterior and lateral chest, and buttock and / or groin areas. I understand I have the right to refuse treatment of these areas
- If I agree to treatment to any of the areas mentioned in the point above, I may be requested, by the therapist, to complete a consent form relevant to those areas

Only sign below if the above information is understood and has occurred

Client Name: Judi Bromage Signature: JCBromage Date: 3/8/22

Parent/Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Therapist Name: Paul Gilders Signature: P. Gilders Date: 3/8/22