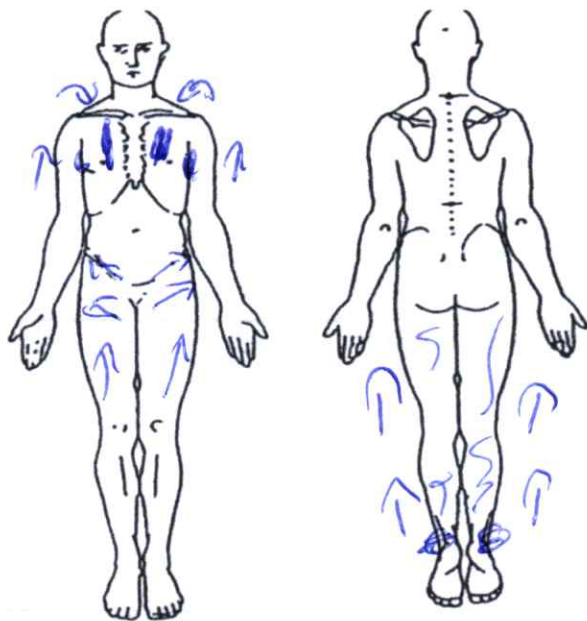


Name: Brendan Shephard

Indicate site or pain and referral area

Site of restriction

Location of pain/restriction/other: _____

RRV?

→ MLDAWAITING
BLOOD TESTSOnset - Initial (when/how it first began): 7 weeksNow (current presentation): Sore

Other Symptoms: _____

Type of Pain: _____

Referral Pain: _____

What aggravates the pain? Rest, Newton, ParacetamolDegree of Pain (0-10): 5/9 Irritability Level: Low Med HighWhat Offsets/Alleviates the Pain? being on feetPast Treatments & Results: NIL

Special Questions (may also be specific to region): _____

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

Posterior view	Anterior view	Lateral view

Motion Tests

Active (P1, S1, PB)	Passive (P1, S1, R1)
Resisted	Functional/Special Tests

Palpatory Assessment:

Clinical Impression: _____

<p>Treatment</p> <p>MLD Ankle ↑ Duct.</p>	<p>Reassessment</p> <p>Swelling reduced in ankles</p>
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Corrective Exercises

Exercise	Sets	Reps	Other Advice
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Postural Improvements: _____

Treatment Goals / Management Plan: advised ~~that~~ Brendan that he may feel effects of m.u.