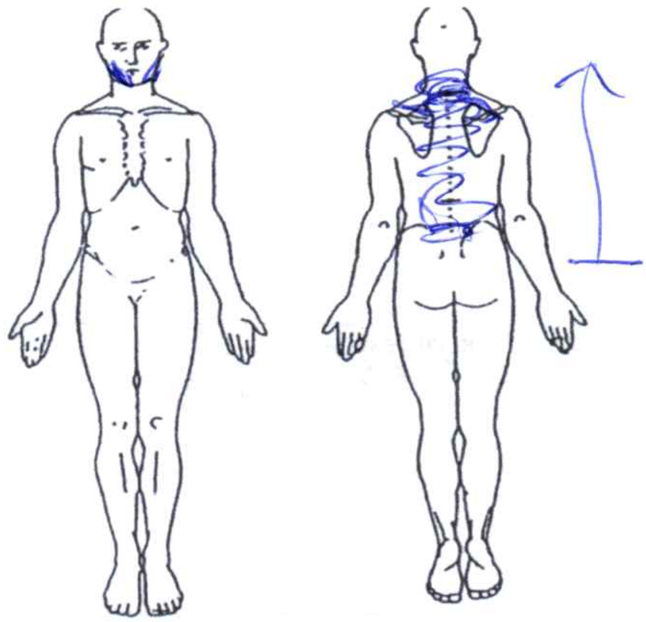
TARRENGOWER REMEDIAL MASSAGE

Date 13/ 5 /23

Initial Consultation Form



Name: JANE ASHTON

Indicate site or pain and referral area

Site of restriction

Location of pain/restriction/other:

Cx / Tx / Lx

TMJ.

Onset - Initial *(when/how it first began)*: acute on Chronic

Now *(current presentation)*: Tension / Tight.

Other Symptoms: None indicated

Type of Pain: Tension

Referral Pain: None

What aggravates the pain? computer 9-10 hours at a time

Degree of Pain (0-10): 4-5 | Irritability Level: Low ___ Med ___ (High)

What Offsets / Alleviates the Pain? Stretching / exercise / massage

Past Treatments & Results: massage / needling / cupping

Special Questions *(may also be specific to region)*: No headaches from neck, doesn't wake at night. Constant → evening

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

Observation

Posterior view	Anterior view	Lateral view
ADGL 4 x 2.5 Scaps ↓ PSIS FL Slight TX Scoliosis	OC Tilt R ASIS R↓ CLVL ✓ Shldrs	R APT = 1.0 Knee →

Motion Tests

Active *(P1, S1, PB)*	Passive *[P1, S1, R1)*
Lx Flex ½ Shin S, @ H/S Cx Rotn L 70° P, @ Post Scalene R 60° P, @ Lev Scap Cx Lat T. Ut. L 180 S, @ U/T R 150 S, @ Scalenes	
Resisted	**Functional/Special Tests** Scap offload L + UT R + UT

Palpatory Assessment:

Clinical Impression: _____

Treatment	Reassessment
MFTT ilio costalis, longissimus ~~Suprs~~ Semi Spinalis, UT, Lev Scap Lat dorsi, Scalenes, SCM, Masseter D.P UT, P Lev Scap, UT. Cx JOINT Mob	Cx Rotn L ~~80°~~ 90° P, @ Lev Scap R 70° PB Cx Lat Flex L ~~30~~ 15° S, @ U/T R 30° ~~S~~ PB

Corrective Exercises

Exercise	Sets	Reps	Other Advice
			Cx Stretch

Postural Improvements: _____

Treatment Goals / Management Plan: as needed.