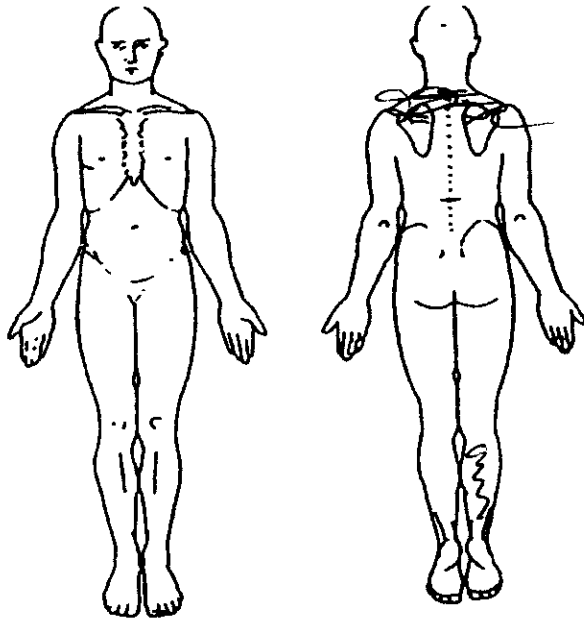


Name: Shayne Hill

Indicate site or pain and referral area

Site of restriction

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

① R calf - Tib Post ??② Gym assessment identified shoulder sorenessOnset - Initial (when/how it first began): Chronic - 4-5 years - tore calfNow (current presentation): good - eased off 4-5 weeks agoOther Symptoms: none indicatedType of Pain: Sharp, tightnessReferral Pain: None indicatedWhat aggravates the pain? running, loadDegree of Pain (0-10): 7-8 Irritability Level: Low \_\_\_\_\_ Med \_\_\_\_\_ HighWhat Offsets / Alleviates the Pain? stop loadPast Treatments & Results: none recently

Special Questions (may also be specific to region): \_\_\_\_\_

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

## Observation

Posterior view Scap ST <u>✓</u> Ps. <u>✓</u> Scap L <u>↑</u> R <u>↓</u>	RSC L4 R3	Anterior view Cy tilt <u>○</u> L Shld <u>↑</u> CLVL <u>✓</u>	Lateral view Plumb <u>✓</u> IL <u>✓</u> APT = 1.0
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 1 1  
 0 0  
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 0 0

# Motion Tests

<p>Active (P1, S1, PB)</p> <p>Lx Flex ankle s. @ Chutes</p> <p>Shldr ABD L R</p> <p>Flex L R</p> <p>Knee to wall L 10 R 10.5</p>	<p>Passive (P1, S1, R1)</p>
<p>Resisted</p>	<p>Functional/Special Tests</p>

Palpatory Assessment: ① Rec Ann. Hy perform, Piriformis Hy/LR

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

<p>Treatment</p> <p>MFTT: Iliocostalis, QL, longissimus</p> <p>Semi Spinalis, U/t, Lev Scap</p> <p>Glt Med, Soleus, Gastroc,</p> <p>Peroneals, H/S</p> <p>Stripping: Soleus, Gastroc,</p> <p>Peroneals, Flexor Dig, Tib Post</p> <p>DIP Tib Post, Piriformis</p>	<p>Reassessment</p> <p>Knee to wall R 9.5-</p>
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## Corrective Exercises

Exercise	Sets	Reps	Other Advice
Piriformis	2	2	
Glt Bridge	2	2	
Supine Glt	2	~	

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

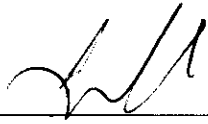
Treatment Goals / Management Plan: Recheck when needed.

## 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: Shayne Hill Signature:  Date: 23/07/23

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

**Therapist**  
Name: Paul Gilders Signature: \_\_\_\_\_ Date: \_\_\_\_\_