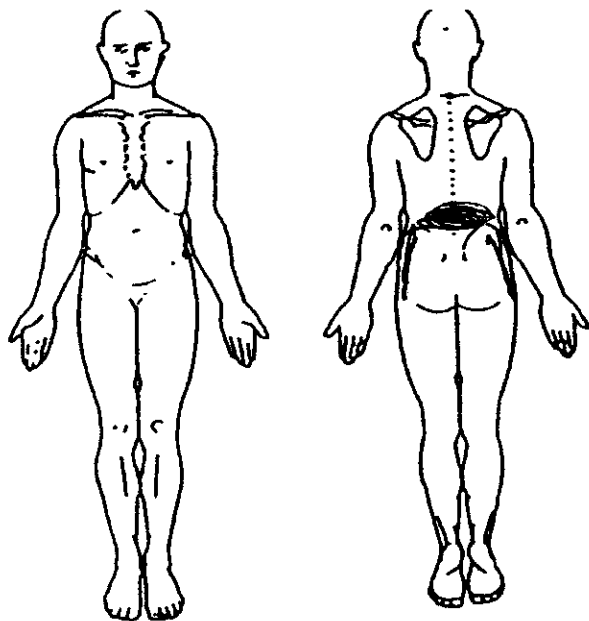


Date 21/3/23

Initial Consultation Form

Name: DAVID HONERONE

Indicate site of pain and referral area

Site of restriction

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

Around L5/S1  
History of Disc Issues  
stepping down off  
machine - left leg 1st  
coecyx broken

Onset - Initial (when/how it first began): Acute or ChronicNow (current presentation): Sore - improving with hanging from forkliftOther Symptoms: HipType of Pain: Sharp -Referral Pain: Back of leg → little toeWhat aggravates the pain? sitting → standDegree of Pain (0-10): 8 Irritability Level: Low \_\_\_\_\_ Med \_\_\_\_\_ HighWhat Offsets / Alleviates the Pain? laying downPast Treatments & Results: Bower, Acupuncture - both +veSpecial Questions (may also be specific to region): wakes at night - hips acheOBJECTIVE EXAMINATION - Body Type: Hypomobile 0-1 ☒ Average 2-4 ( ) Hypermobile 5-9 ( )

Observation

Posterior view <u>R Scap A</u> <u>PSIS</u> <u>Res planus</u>	Anterior view <u>CX FILT</u> <u>SLDR 1R</u> <u>CLVCR RV</u>	Lateral view <u>APT &gt; 1.5</u>
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# Motion Tests

<p>Active (P1, S1, PB)</p> <p>Lx Flex 1/2 Shin S<sub>i</sub> @ Prox Gastroc</p> <p>Lx Lat Flex L Sac &amp; knee P<sub>i</sub> @ abd?</p> <p>R Med quad S<sub>i</sub> @ QL/Ext</p> <p>Oblig</p>	<p>Passive (P1, S1, R1)</p>
<p>Resisted</p>	<p>Functional/Special Tests</p> <p><del>Straight</del> SLR L 70° S<sub>i</sub> @ H/S</p> <p>R 70° S<sub>i</sub> @ H/S</p> <p>QUADRANT L</p> <p>R</p> <p>FABER L -10</p> <p>R -10</p> <p>GAZENSLENS L -10</p> <p>R -10</p>

## Palpatory Assessment:

QL @ Tender

SIT DISTORTION

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

<p>Treatment</p> <p>METS TLF, QL, Glute Med,</p> <p>Glute Max H/S, calves, QL</p> <p>DIP MFP QL, Glute Med,</p> <p>Piriformis</p>	<p>Reassessment</p> <p>Lx Flex @ 15cm ↓ knee.</p> <p>Lx Lat Flex</p>
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## Corrective Exercises

Exercise                      Sets      Reps      Other Advice

Supine Glute Stretch

Piriformis Stretch

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

Treatment Goals / Management Plan: Call 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: DAVID HONEBONE Signature: D Honebone Date: \_\_\_\_\_

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

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