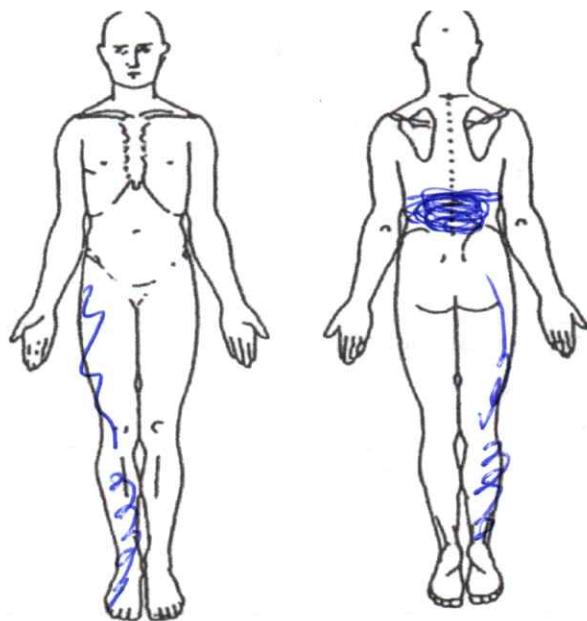


Date 26/7/2023
Initial Consultation FormName: Margaret McKnight

Indicate site or pain and referral area

Site of restriction

Location of pain/restriction/other: _____

R leg - guarding @
calves, vas latLBP
fall

Onset - Initial (when/how it first began):

fall - 3 in ^{last} 3 weeks

Now (current presentation):

Sore

Other Symptoms: _____

Type of Pain: _____

Referral Pain: None indicated

What aggravates the pain? _____

Degree of Pain (0-10): _____

Irritability Level: Low _____

Med

High _____

What Offsets / Alleviates the Pain?

self massage, heat

Past Treatments & Results:

Nil

Special Questions (may also be specific to region):

sore lam ->**OBJECTIVE EXAMINATION**

- Body Type: Hypomobile 0-1 () Average 2-4 () Hypermobility 5-9 ()

Observation

Posterior view	Anterior view	Lateral view

Motion Tests

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

mobility

Impaired due to peroneus

Palpatory Assessment:

Clinical Impression: _____

Treatment	Reassessment
MFTT ilio costalis, QL, Glute Med, H/S, Gastroc, Soleus	

Corrective Exercises

Exercise	Sets	Reps	Other Advice
_____	_____	_____	Movement - regularly
_____	_____	_____	→ Stand on around horse

Postural Improvements: _____

Treatment Goals / Management Plan: as needed