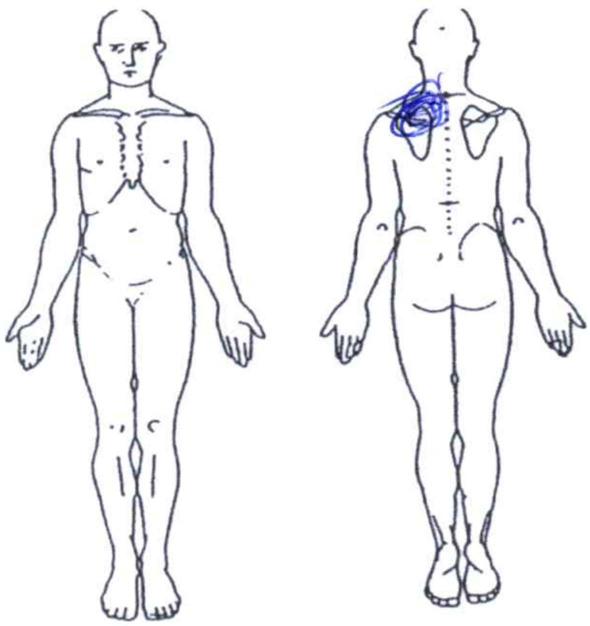
TARRENGOWER REMEDIAL MASSAGE

Date 25/8/23
Initial Consultation Form

Name: Jo RIDE



Indicate site or pain and referral area

Site of restriction

Location of pain/restriction/other:
Ⓛ Shoulder

COVID Booster 2/7 ago
→ Ⓛ Deltoid

Onset - Initial *(when/how it first began)*: 2/12 on & off
Now *(current presentation)*: Resting ok Cx Rotn Ⓛ → sore

Other Symptoms: None
Type of Pain: Ache, tight
Referral Pain: None
What aggravates the pain? Cx Rotn Ⓛ.

Degree of Pain (0-10): 4-5 Irritability Level: Low ___ (Med) ___ High
What Offsets / Alleviates the Pain? Stretch ?

Past Treatments & Results: Chiropractic

Special Questions *(may also be specific to region)*: not waking @ night
→ feels tight

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

Observation

1 1
1 0
0 0
0 0
0

Posterior view	Anterior view	Lateral view
L SCAP ↑ PSIS ✓ AOL ~ 3.5L R	AHL ✓ ASIS ✓	L 9T → R G ← FHC K ← K → 1.0 LM ← LA →

Motion Tests

Active *(P1, S1, PB)*	Passive *[P1, S1, R1)*
Cx Rotn L 45° P. @ U/T R 70° S @ U/T Cx Lat Flex L 20° P. @ U/T R 30° S @ U/T. Shldr Abd L 180° PB R 180° PB	
Resisted Shldr Flex L 180° PB R 180° PB	**Functional/Special Tests** Scap offload L +ve R +ve

Palpatory Assessment:

Clinical Impression: _____

Treatment	Reassessment
MFTT iliocostalis, longissimus TLF, semispinalis Lat Dors U/T, Lev scap Splencap, Splen Cerv, Supraspinatus. DIP MT/P Lev Scap, Supra Spinatus, U/T.	Cx Rotn L 70° P. @ U/T Cx Lat flex L 30° P. @ U/T.

Corrective Exercises

Exercise	Sets	Reps	Other Advice
Lev Scap U/T Cp Stretch	2	2	
Cx Stretch	2	2	

Postural Improvements: _____

Treatment Goals / Management Plan: Pre Travel appointment for HVPS / Glutes (booked)