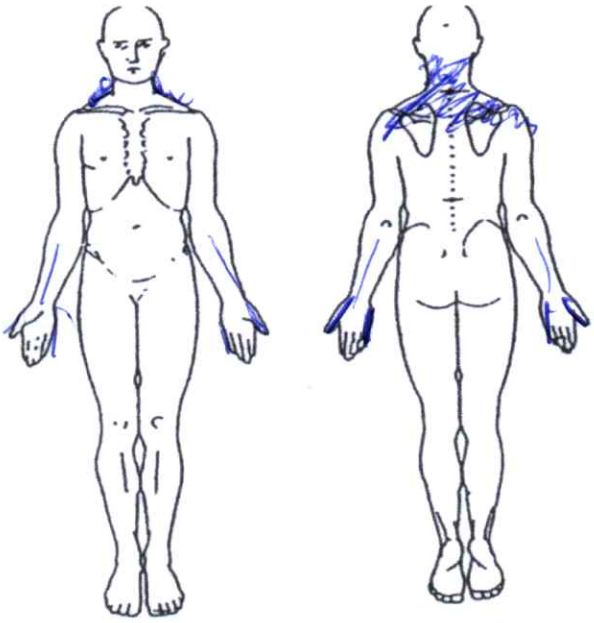
TARRENGOWER REMEDIAL MASSAGE

Date 15 / 5 / 2023

Initial Consultation Form

Name: Cherrie Sinclair



Indicate site or pain and referral area

Site of restriction

② C+ /shoulder

Location of pain/restriction/other:

① ① little finger

R Thenar.

Liquid diet - throat muscle not working properly

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

Now (*current presentation*):

Other Symptoms:

Type of Pain:

Referral Pain:

What aggravates the pain?

Degree of Pain (0-10): Irritability Level: Low Med (High)

What Offsets / Alleviates the Pain?

Past Treatments & Results: Chiro Podiatrist - acupuncture

Special Questions *(may also be specific to region)*:

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

Observation

Posterior view	Anterior view	Lateral view

Motion Tests

Active *(P1, S1, PB)*	Passive *[P1, S1, R1)*
Wrist flexion L 80° PB R 80° S, @ ext. Wrist ext L 80° R 80° PB Cx Rotn L 70° P, @ U/T R 60° P, @ U/T	
Resisted	**Functional/Special Tests**
Cx Lat Rotn L 50° S, @ U/T R 50° P, @ U/T	

Palpatory Assessment:

Clinical Impression: _____

Treatment	Reassessment
MPTT: Ilio Costalis, Longissimus, Semi Spinalis, U/T, Lev Scap, Supra spinatus, Splenius cerv., Lat Dorsi DIP MTrP - Supra, U/T, Lev Scap Cx Joint Mob	Cx Rotn L 80° P, @ U/T R 60° P, @ U/T

Corrective Exercises

Exercise	Sets	Reps	Other Advice
_____	____	____	Cx Stretch
_____	____	____	_____
_____	____	____	_____

Postural Improvements: _____

Treatment Goals / Management Plan: Next week (booked)