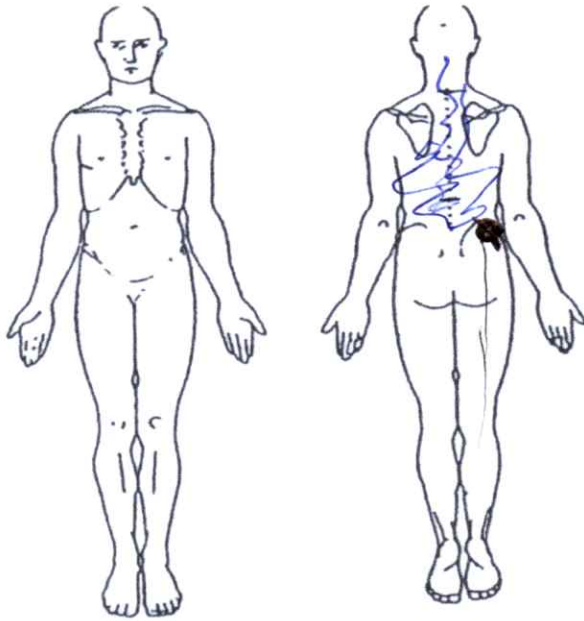


Name: May Wilson

Indicate site or pain and referral area

Site of restriction

Location of pain/restriction/other: _____

Sciatic neural
pathway

Onset - Initial (when/how it first began): last night rolled over in bed
 Now (current presentation): feels pretty good

Other Symptoms: _____

Type of Pain: Sharp.Referral Pain: Back of leg.What aggravates the pain? acuteDegree of Pain (0-10): 7 Irritability Level: Low Med HighWhat Offsets / Alleviates the Pain? remove pressure - roll overPast Treatments & Results: nil

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 ↑ Psis RT AOA 5 5	Anterior view, Clav ↓ Shld is 1R Pes Planus	Lateral view Phymb L ✓ R ✓ AP 2.0
---	--	---

00
00
11

Motion Tests

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

Palpatory Assessment:

Clinical Impression: _____

<p>Treatment</p> <p>eff. MFTT - ilio costalis, longissimus pet semi spinalis, lev scap U/T MFTT - QL, ilio costalis, GMed, GMax DIP - MTP - GMed, GMax, Piriformis cx joint mob</p>	Reassessment
--	--------------

Corrective Exercises

Exercise	Sets	Reps	Other Advice
Piriformis stretch	2	2	
Glioto Med stretch	2	2	

Postural Improvements: _____

Treatment Goals / Management Plan: as needed