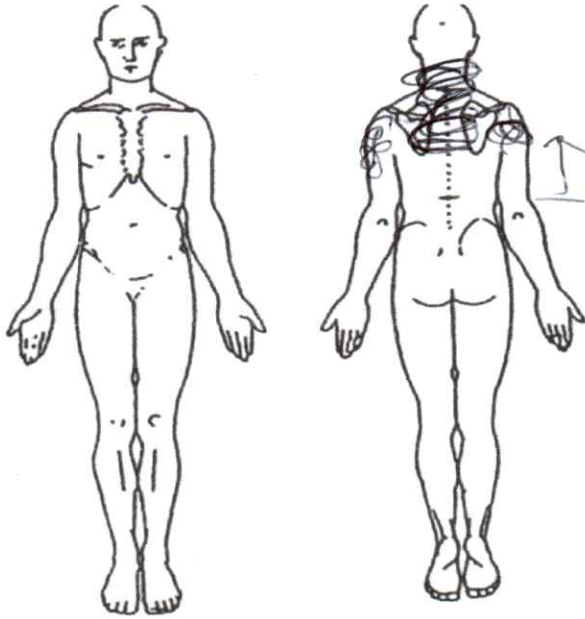


Date 31/1/2023

Initial Consultation Form

Name: Paul Bakan

Indicate site of pain and referral area

Site of restriction

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

Cx @ onlyOnset - Initial (when/how it first began): acute on chronicNow (current presentation): Sore -Other Symptoms: Headaches?Type of Pain: Numb → StabbingReferral Pain: NoneWhat aggravates the pain? MovementDegree of Pain (0-10): 10 Irritability Level: Low \_\_\_\_\_ Med \_\_\_\_\_ HighWhat Offsets / Alleviates the Pain? Morphine - slow releasePast Treatments & Results: None IndicatedSpecial Questions (may also be specific to region): wakes during night  
→ Pain Relief while in hospital**OBJECTIVE EXAMINATION** - Body Type: Hypomobile 0-1 ( ) Average 2-4 (✓) Hypermobile 5-9 ( )**Observation**

Posterior view	Anterior view <u>Cx tilt @</u>	Lateral view

## Motion Tests

Active (P1, S1, PB) <i>Cx Rotn L 45° P, @ Lev Scap</i> <i>R 60° PB</i>	Passive (P1, S1, R1)
Resisted	Functional/Special Tests

Palpatory Assessment:

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

Treatment	Reassessment
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## Corrective Exercises

Exercise	Sets	Reps	Other Advice
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

Treatment Goals / Management Plan: \_\_\_\_\_