Condition Assessment

Client Name:	Helen Gill		Date:	17/1/23
Reason for visit/	Update:			
General tune u Tension mid ba Frozen shoulde Hamstrings tigh Practicing yoga	ck rs doing well	to get to a class.		
Location:				
Onset: (How)				
Duration: (Constant vs fluc	tuating)			
Quality:				
Severity: (1-10 / sleep)				
Radiating pain:	is, scan or report:	Yes/No Yes/No Yes/No		
		Yes/No		
Current exercises/sports/activities: Contraindications:		Yes/No		
Physical Assessm	nent Performed and Re	esults:		
Post Treatment	:			

Suspected Condition/Presentation:

Treatment Plan Consent Provided: Yes / No Prone: buttocks through towel, back (emphasis mid), interscap, shoulders and upper arms – stretched out arms to stretch shoulder, some neck. Backs of legs, emphasis hamstrings, feet. Treatment Observations Follow Up and Advice	
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Practitioner: Sarah Davis