No Name DOB / /

KEY
TEST DONE
CIRCLE OR
TICK

DATE	WORKING DIAGNOSIS	SAME DIAG. ( ) MILD MODERATE SEVERE	FLAGS	MUSCLE WEAKNESS, BLADDER/BOWEL GROIN NUMBNESS, SENSATION CHANGE	1° 2° 3°

SUBJECTIVE COMPLAINT(S): **AREAS:** - NECK / DORSAL / LB / PELVIC / MAINT / OTHER -:

WORSE, SAME, EASIER, ALOT EASIER, VERY GOOD. (10 = SEVERE, 1= MILD) 0 1 2 3 4 5 6 7 8 9 10 N / A

PAIN FREQUENCY TRACE ⩽ 10% OF DAY ⩽ 20 ⩽ 30 ⩽ 40 ⩽ 50 ⩽ 60 ⩽ 70 ⩽ 80 ⩽ 90 ⩽ 100% ZERO

PERCENTAGE PROBLEM IMPROVED WITH TREATMENT: 0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100% N / A

OBJECTIVE FINDINGS: **MOVEMENT/ LOCOMOTION:** NORM, GUARDED, ABNOR, RESTRICTED, OTHER:

PALPATION /OBSERVATION: TENDERNESS, M.SPASM, NUMBNESS, SWELLING, FIXATION, HYPERMOBILITY, ATROPHY. OK

ASSESSMENT / TESTS / RX: SLR (L) (R), SLUMP (L) (R), TOE EXTENSORS (L) (R), S1 REFLEX (L) (R),

S/T THERAPY - ( ) ELECTROTHERAPY - ( )

MANIPULATION -

O = STIFF
X = PAINFUL
OO = V. STIFF
XX = V. PAINFUL

R

FIXATIONS
Occ C1 C2 C3 C4 C5 C6 C7 T1 T2 T3 T4 T5 T6 T7 T8 T9 T10 T11 T12 L1 L2 L3 L4 L5 Sac Coc

PLAN: ICE, REST, HEAT, SHORT WALKS, DIET, SUPPORT, POSTURAL ADVICE, ADVICE AT WORK, TAPING, NSAIDS, PARACETAMOL, EXERCISES - ( )

POST TREATMENT	NEXT APPOINTMENT	SIGNED

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NOTES