

Date: / /

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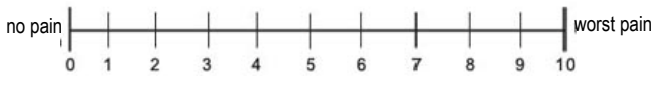
Subjective

Main complains _____

(use ↑ ↔ ↓ to express increase, no change or reduce in following up visits for the following)

- aching throbbing pressure numbing itching
- cramping burning shooting tingling deep aching

What makes the pain beter? _____ What makes the pain worse? _____



Objective

- Patient/decision maker's verbal Informed eonsent for examination/assessment obtained
- R.O.M. ↑ ↔ ↓ Strength ↑ ↔ ↓ Tenderness ↑ ↔ ↓ Stability ↑ ↔ ↓
- Resolved Slow but pregsive Improved Unchanged Worse

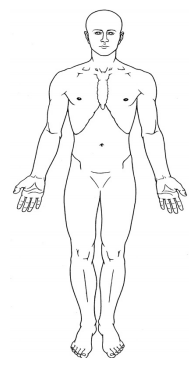
Palpation Findings: _____

Functional Tests:

- Shoulder (Apley's superior/inferior) Ankle (squat & rise, heel/toe walk)
- Elbow (flexion/extension) C-spine (shoulder check, up/down)
- Wrist/hand (hand shake/grip) T-spine (flexion/extension)
- Hip (squat & rise) L-spine (squat & rise, touch toes)
- Knee (squat & rise) Others _____

Orthopedic Exams/Tests: (+: positive, -: negtive, R/L)

- Cerv. compress Cerv. distraction Adson's
- Yergason's Speed's O'Brien's
- Mill's Pron. stretch Gaenslen
- Phalen's SLR a./p. Thomas
- Post. drawer Apley comp. Apley dist.
- Achilles squeeze Calcaneal squeeze Tinel's
- Wright's Apley's Empty can
- Valgus Varus Cozen's
- Trendelenburg's Patrick's Tinel's
- Ober's Ely/Nachlas Ant drawer
- Patellar grind Pat. apprehension Thompson
- Hoffa's sign Talar tilt Others _____



Assessment

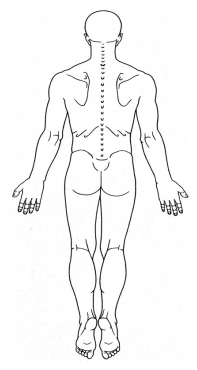
- Resolved Slow but progress Improving No change Worsing

Areas Treated: _____ Duration: _____ Min.

Patient/decision maker's verbal informed consent for treatment obtained

Today's Modalities/Technique Used:

- Swed MFR MF-TP
- Friction P-ROM A-ROM
- Jt. mobilization P-Stretch A-Stretch
- Strengthening Heat Cold
- Hydro. CT ART
- BLT HVLA DIR
- CR LAS IND
- FPR ST ME
- INR MPR VIS
- Others: _____



Treatment Plan

- Continue the Tx as before Modified New Tx plan
- Frequency of Treatment: _____ /week, _____ /month

Goals for Therapy:

- Relieve pain/sourness Reduce scar tissue Get back to work
- Improve RMO Prevent relapse Improve sleep
- Stabilization / maintenance other _____

Student: _____ Instructor/Practitioner: _____

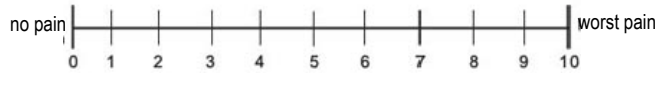
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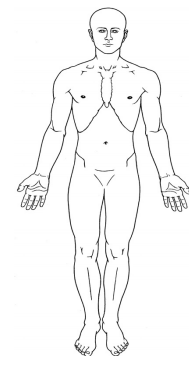
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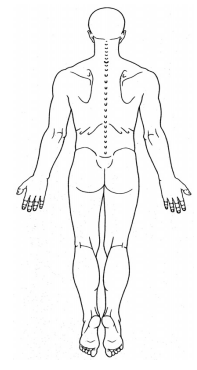
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