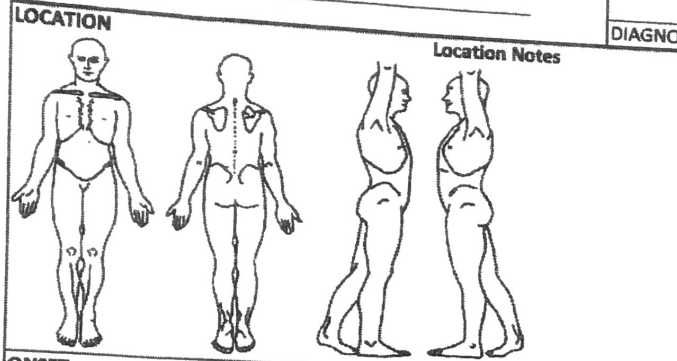


NAME: _____
 COUNTRY: _____

Chief Complaint: _____ Date: _____
 DIAGNOSIS: _____ Event: _____



MUSCULAR ADHESIONS/TENDERNESS/SPASMS/WEAKNESS				
Muscle	Cervical Paraspinals	R L B	Lower Extremity	R L B
	Thoracic Paraspinals	R L B	GH & Periscapular	R L B
	Lumbar Paraspinals	R L B	Upper Extremity	R L B
	FA Complex	R L B	Periscapular	R L B

ONSET _____ **Aggravating Factors** _____

Specific Muscle Involvement: _____

Joint Mobility	Upper cervical	R L B	Shoulder/Scap	R L B
	Cervical	R L B	Elbow	R L B
	C/T Junction	R L B	Wrist	R L B
	T/S	R L B	Hand/Finger	R L B
	Rib	R L B	Hip	R L B
	Thoracolumbar	R L B	Knee	R L B
	L/S	R L B	Ankle	R L B
	Lumbopelvic	R L B	Foot/Toe	R L B

Quality _____ **Easing Factors** _____
Severity: /10

Notes on Joint Involvement: Hypermob Hypomob Dyskinesia

SIGNIFICANT ORTHOPEDIC TESTING: _____

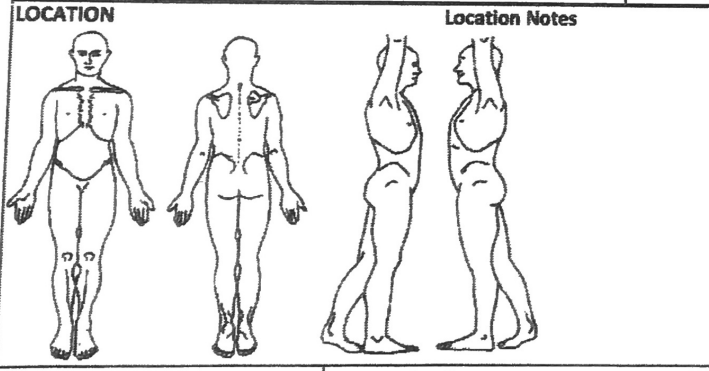
IMPRESSION/DIAGNOSIS: _____

TREATMENT PROVIDED:		TREATMENT OUTCOME:		PLAN:	OTHER NOTES:
		IMPROVEMENT	NC		
Soft Tissue Manipulation	Supportive Taping			PRN	
Massage/Flush	Ridged Taping	MILD		ORTHO	
Graston	Kinesiology tape	MODERATE		MD	
Active Muscle Release	Cryotherapy	MARKED		ER	
Passive Muscle Release	Stretch Active				
Joint Manipulation	Stretch Passive				
Ther Ex	PNF				
Muscle Energy	Other:				

Practitioner: _____ **SPORTS MEDICINE**

NAME: _____
 COUNTRY: _____

Chief Complaint: _____ Date: _____
 DIAGNOSIS: _____ Event: _____



MUSCULAR ADHESIONS/TENDERNESS/SPASMS/WEAKNESS				
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ONSET _____ **Aggravating Factors** _____

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	Lumbopelvic	R L B	Foot/Toe	R L B

Quality _____ **Easing Factors** _____
Severity: /10

Notes on Joint Involvement: Hypermob Hypomob Dyskinesia

SIGNIFICANT ORTHOPEDIC TESTING: _____

IMPRESSION/DIAGNOSIS: _____

TREATMENT PROVIDED:		TREATMENT OUTCOME:		PLAN:	OTHER NOTES:
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Ther Ex	PNF				
Muscle Energy	Other:				

Practitioner: _____ **SPORTS MEDICINE**