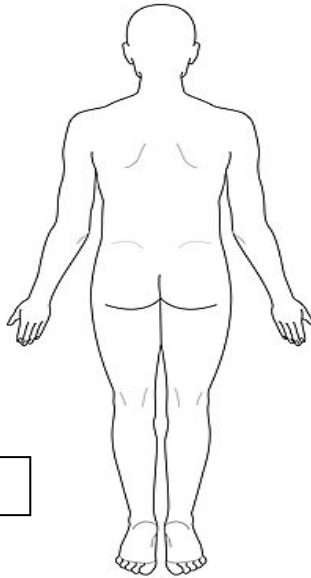
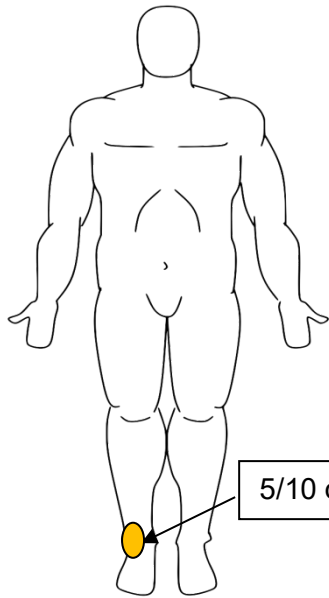




Name: CASE 1
Initial Assessment Date:
Therapist:

Address:		D.O.B:	Tel Number:	Email:
Medication: None		Occupation: Student		GP:
Past Medical History (previous operations, accidents, illness, other health problems): 3 years ago # big toe (R)				
Sport / Exercise (type, level, position, competition, training (intensity, frequency, duration)): Rugby Union (1sts): Currently not playing. Maintaining CV: Rowing, cycling, 3x a week, 1 hour sessions Maintaining upper body strength: free weights and machine weights, 2x a week.				
Main Problem: R Ankle				
History of the present condition (when, activity, mechanism): Sprained ankle playing football and now 3/52 has dull ache (5/10) around anterior aspect of the ankle whilst walking and after CV exercise. Mechanism involved eversion and dorsiflexion.				
Aggravating: Walking for long periods (over 10mins), after CV exercises (20 minutes)			Easing: Rest 2 hours NWB	
Sleep: NAD	Behaviour of Symptoms: Stiffness OR, eases when walks.		SIN:	
Observation: Over pronation R ankle			Touch: NAD	

ROM:	A	P	R	ACCESSORY
P/F	✓✓	✓✓	✓✓	Talocrural A/P: Stiffness
D/F	↓ROM ✓	↓ROM ✓	✓✓	P/A: ✓✓ SubTalar
S/T Inv	✓✓	↓EOR P1 (and pinching sensation)	✓✓	A/P: Stiffness P/A: Stiffness
S/T Ev	↓ROM ✓	✓P+EOR (sharp)	✓✓	A/P navicular: ✓✓ A/P: Cuboid: ✓✓
M/T Inv	✓✓	✓✓	✓✓	Cephalad: Stiffness
M/T Ev	✓✓	✓✓	✓✓	1 st met: stiffness
Muscles: EDL: R weaker Tib Post: R weaker. FHL: R weaker EHL: R weaker FDL: R weaker				
Palpation: Sharp Pain 7/10 anterior T/C joint line 4/10 plantar fascia tightness.				
Ligaments: NAD		Joints above and below: NAD		
Functional: Gait: Over pronation, no push off with big toe Squat: Over pronation		Other tests: Proprioception: R – 10 seconds L - 40 seconds PDF: R - 5cm L - 12cm		
Clients Name & DOB: CASE 1				Date:
Sports Therapist:				Date:

Patient Name & DOB:

Aims:	Date Achieved:		
Long term goal (LTG):			
Short term goals (STG):			
1:			
2:			
3:			
4:			
Objective Markers:			
Date:	Treatment:	Outcome:	Signature: