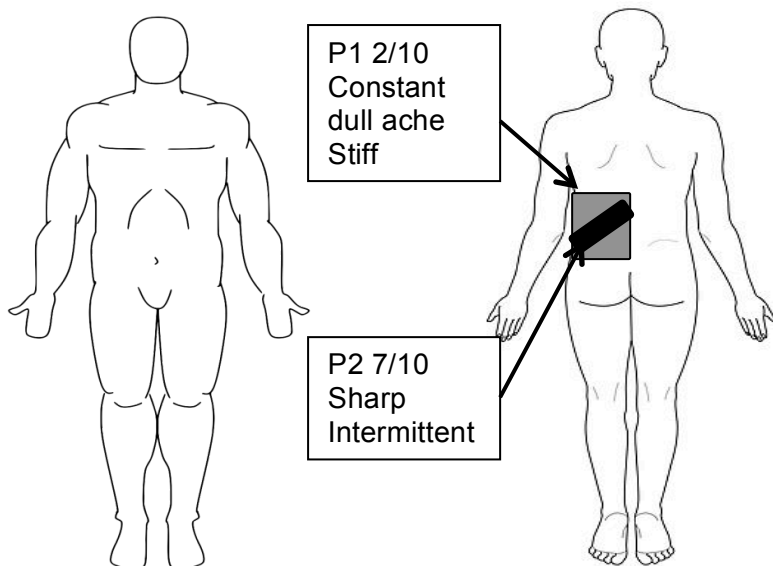




Name: Txsp In-class Example 1

Initial Assessment Date:

Therapist:

Special Questions:

B&B: ✓

C&S: ✓

P&N: ✓

Headaches: ✓

Numbness : ✓

|                                                                                                                                                                                                                                                                                           |                                                                                                      |                                                                                      |             |        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|-------------|--------|
| Address:                                                                                                                                                                                                                                                                                  |                                                                                                      | D.O.B:                                                                               | Tel Number: | Email: |
| Medication:<br>Diabetic Type I                                                                                                                                                                                                                                                            |                                                                                                      | Occupation:<br>Administrator                                                         | GP:         |        |
| Past Medical History (previous operations, accidents, illness, other health problems):<br><br>LBP 4 years ago<br>Fractured fibular 2 years ago<br>L Rib fracture 3/12                                                                                                                     |                                                                                                      |                                                                                      |             |        |
| Sport / Exercise (type, level, position, competition, training (intensity, frequency, duration)):<br><br>Crossfit 5/7                                                                                                                                                                     |                                                                                                      |                                                                                      |             |        |
| Main Problem:<br>L to mid back pain                                                                                                                                                                                                                                                       |                                                                                                      |                                                                                      |             |        |
| History of the present condition (when, activity, mechanism):<br><br>Noticed a gradual onset of Left sided mid back pain over past 6/52. Now P1 sharp pain, up to 7/10 with background P2 constant dull ache/stiffness. Unable to press overhead, pain with rotation and deep inhalation. |                                                                                                      |                                                                                      |             |        |
| Aggravating:<br>P1: prolonged standing (1hr+)<br>P2: R Rot, RSF immediate, deep breathing                                                                                                                                                                                                 |                                                                                                      | Easing:<br>P1: Heat 30mins<br>P2: immediate cessation with movement out of position. |             |        |
| Sleep:<br>Difficulty finding a comfortable position. Unable to side lie.                                                                                                                                                                                                                  | Behaviour of Symptoms:<br>P2 Intermittent.<br>P1 ache/Muscle tightness worse towards the end of day. |                                                                                      | SIN:        |        |

|                                                                                           |        |                                                                                                                                                                                     |                                             |
|-------------------------------------------------------------------------------------------|--------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|
| Observation:<br>Thoracic kyphosis and lordotic lumbar spine                               |        |                                                                                                                                                                                     | Touch:<br>No temperature or texture changes |
| Movement                                                                                  | Active | Passive                                                                                                                                                                             | Resisted                                    |
| Fl                                                                                        | ✓✓     | P1 EOR                                                                                                                                                                              | ✓✓                                          |
| Ext                                                                                       | ✓✓     | P1 EOR                                                                                                                                                                              | ✓✓                                          |
| L Rot                                                                                     | ✓✓     | P1EOR                                                                                                                                                                               | ✓✓                                          |
| R Rot                                                                                     | P1 EOR | P2 MOR*                                                                                                                                                                             | P1 EOR                                      |
| L Lat Fl                                                                                  | P1 MOR | P2 MOR*                                                                                                                                                                             | ✓✓                                          |
| R Lat Fl                                                                                  | P1 EOR | P2 EOR*                                                                                                                                                                             | P1 EOR                                      |
| Muscles:<br>Erector Spinae ✓✓<br>ES as LSF ✓✓ RSF ✓✓<br>Upper fibres of trapezius L✓✓ R✓✓ |        |                                                                                                                                                                                     |                                             |
| Palpation:<br>Rhomboids tight L +<br>Tenderness over lower L ribs                         |        |                                                                                                                                                                                     |                                             |
| Ligaments:<br><br>N/A                                                                     |        | Joints above and below:<br><br>Cxsp Flxn ✓✓ Extn✓✓ LSF ✓✓ RSF P1✓, LRot ✓✓, RRot P1✓<br><br>Lsxp: Flxn P2 1/10 ✓ Extn ✓✓, LSF P2 1/10 ✓ RSF P2 1/10 ✓ LRot P2 1/10 ✓ RRot P2 1/10 ✓ |                                             |
| Functional:                                                                               |        | Other tests:<br>Roos ✓✓<br>ULTT1: P2 tight L<br>ULTT 2a: P2 tight L<br>ULTT 2b: P1 ✓ L<br>ULTT 3: P1 ✓ L                                                                            |                                             |
| Clients Name & DOB:                                                                       |        |                                                                                                                                                                                     | Date:                                       |
| Sports Therapist:                                                                         |        |                                                                                                                                                                                     | Date:                                       |

Patient Name & DOB:

## Accessory Movements

[illegible]

Patient Name & DOB:

Aims: Date Achieved:

Long term goal (LTG):

Short term goals (STG):

1:

2:

3:

4:

Objective Markers:

| Date: | Treatment: | Outcome: | Signature: |
|-------|------------|----------|------------|
|-------|------------|----------|------------|

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