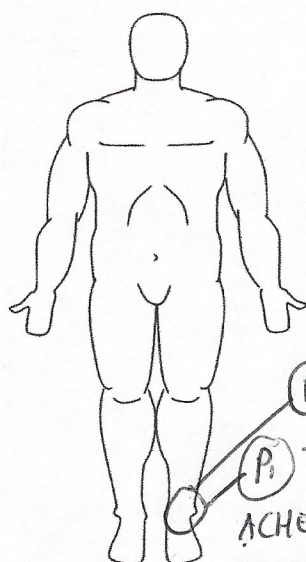


Name:

Initial Assessment Date: *W*

Therapist: *W*

Special Questions:

C/S ☒
B/B ☒
P/N ☒
Numbness ☒
Headaches ☒
5 D's ☒
Dermotone ☒
Myotone ☒

Address: <i>W</i>	D.O.B: <i>W</i>	Tel Number: <i>W</i>	Email: <i>W</i>
Medication: NONE	Occupation: S/P FOOTBALLER	GP: <i>W</i>	
Past Medical History (previous operations, accidents, illness, other health problems): NIL OF NOTE			
Sport / Exercise (type, level, position, competition, training (intensity, frequency, duration)): MIDFIELD, SEMI-PROFESSIONAL FOOTBALL. TRAINS (x2/WK + GAME). FITNESS EXTRA (x2/WEEK) JOB - POSTWOMAN			
Main Problem: (L) ANKLE			
History of the present condition (when, activity, mechanism): IN GAME, NOVEMBER 2020, ROLLED ANKLE, OPPOSITION PLAYER LANDED ON TOP OF ANKLE. IMMEDIATE DIFFICULTY WBING. HAD XR - NO #, STAYED ELBOW CRUTCHES 3/52 - NWBING. NOW - 10/52 POST INJURY. OCC SHARP PAIN WITH MORE REGULAR ACHE ANTERIOR / LATERAL (P1)(P3), WITH POSTEROMEDIAL THROBBING (P2)			
Aggravating: (P1) - WBING (P2) - UNSURE (P3) - OFF-LINE WITH ANKLE		Easing: (P1) - ↓WBING (P2) - UNSURE (P3) - NOT WALKING	
Sleep: SLEEP OK. ANKLE - EMS (10MIN)	Behaviour of Symptoms: 24HR - OK		SIN: S I N