Client Treatment Evidence Form

Level 5 Certificate in Sports Massage

## iUSP158 – Conduct complex assessment for sports massage

**Student name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**College name: Holistic College Dublin**

**College number: 22074**

**Client name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CLIENT CONSULTATION FORM**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Tel.: (H) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (W) \_\_\_\_\_\_\_\_\_\_\_\_\_ (M) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_

**Medical History:**

Do you have any of the following conditions? Please indicate Yes **(**✓**)** or No **(X)**

Contraindications That Require Medical Permission

|  |  |  |  |
| --- | --- | --- | --- |
| Asthma |  | Trapped/Pinched nerve |  |
| Any Condition being treated by GP or other Complimentary Therapist |  | Inflamed nerve |  |
| Bells Palsy |  | Motor Neurone Disease |  |
| Blood Clot - Thrombosis |  | Medical Oedema |  |
| Blood Pressure High (hypertension) |  | Muscular Sclerosis (MS) |  |
| Blood Pressure Low (hypotension) |  | Parkinson’s Disease |  |
| Inflamed Vein - Phlebitis |  | Nervous / Psychotic conditions |  |
| Heart conditions |  | Osteoporosis |  |
| Cancer |  | Postural deformities |  |
| Skin cancer |  | Pregnancy |  |
| Diabetes |  | Prescribed medication |  |
| Epilepsy |  | Recent operations |  |
| Haemophilia |  | Sciatica |  |
| Joint disorders (Arthritis) |  | Slipped disc |  |
| Acute rheumatism |  | Spastic conditions |  |
| Kidney infections |  | Undiagnosed pain |  |
|  |  | Whiplash |  |

Contraindications That Restrict Treatment

|  |  |  |  |
| --- | --- | --- | --- |
| After a heavy meal |  | Hormone implants |  |
| Abdomen (menstruation) |  | Inflammation |  |
| Abrasions/broken skin |  | Localised swellings |  |
| Bruising (haematoma) |  | Pregnancy (abdomen) |  |
| Cervical spondylitis |  | Recent fracture (min. 3 months) |  |
| Conditions affecting the neck |  | Scar tissue |  |
| Contagious or infectious diseases |  | Skin diseases |  |
| Cuts / Open wounds |  | Sunburn |  |
| Diarrhoea |  | Under the influence of alcohol/drugs |  |
| Fever |  | Undiagnosed lumps/bumps |  |
| Gastric ulcer |  | Varicose veins |  |
| Hernia |  | Vomiting |  |

Other Conditions

|  |  |  |  |
| --- | --- | --- | --- |
| Allergies |  | Headaches / Migraines |  |
| Bloating |  | Irregular Menstrual Cycle |  |
| Cold Hands or Feet |  | Muscular Aches |  |
| Constipation |  | Sinus Congestion |  |
| Dandruff (Pityriasis Capitis) |  | Stiff Joints |  |
| Depression |  | Stress |  |
| Digestive Disorders |  | Tired Legs/Feet |  |
| Fluid Retention |  | Thread veins |  |

**If you have answered yes to any of the conditions, give details:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Current medication?**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Doctors Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Tel. No:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Written permission required by:**

**GP or Specialist \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Client Disclaimer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

PHYSICAL EXAMINATION

Observations:

Head:

Shoulders:

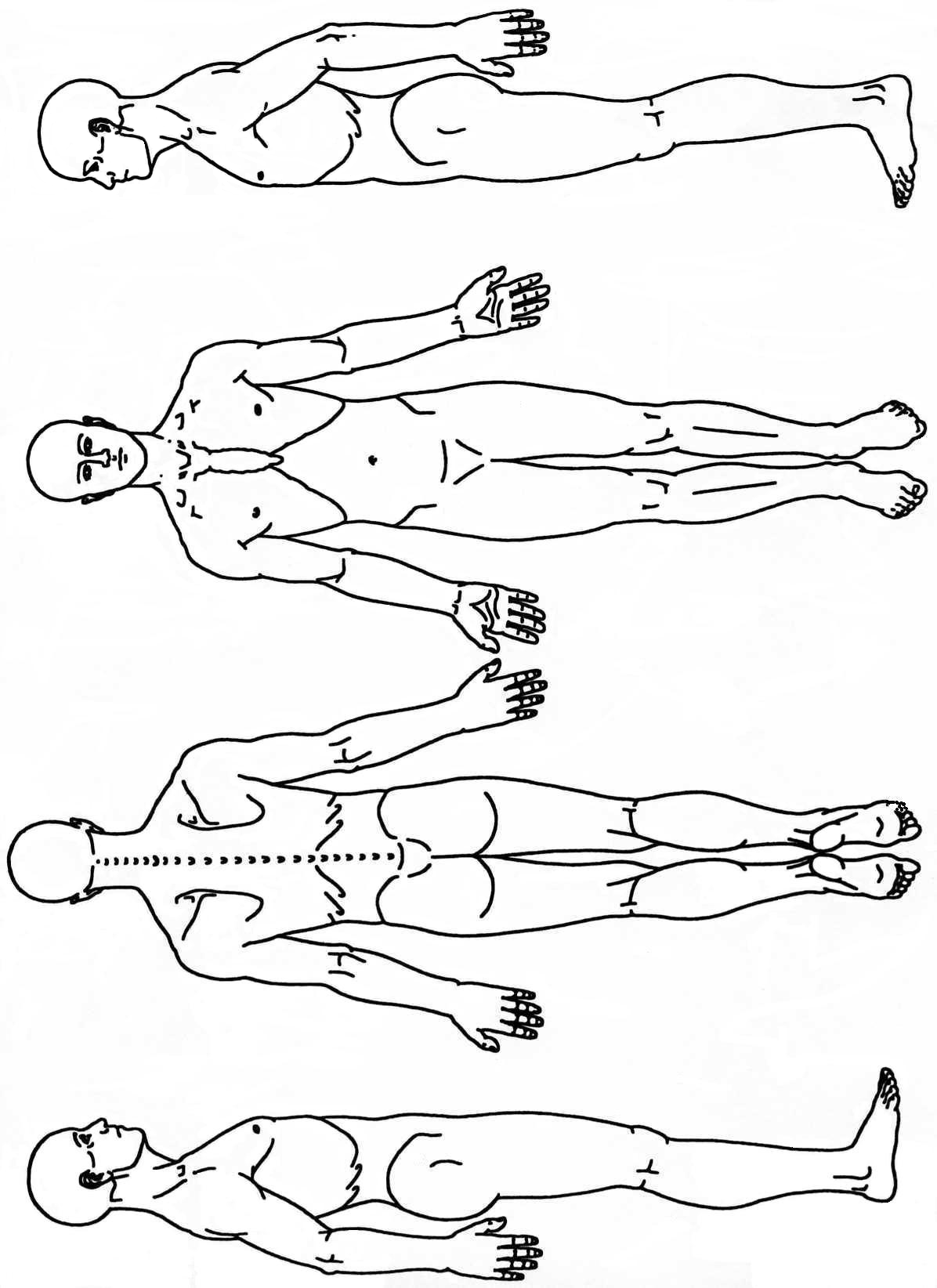
Back:

Pelvis:

Legs:

Feet:

Body alignment/posture:



**Findings of Palpation:**

|  |
| --- |
| Joint Movement, Isometric Strength and Special Tests by body region |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Joint/ area** | **Movement** | **Muscles tested** | **Test** | **Right** | **Left** | **Comment on…** |
| L  O  W  E  R    L  E  G | A  N  K  L  E | Plantar flexion *Optimal ROM 30-50⁰* | Gastrocnemius, soleus,  Post tibialis | Active |  |  | *Reduced active ROM* |
| Passive |  |  | *Comment on end feel* |
| Resisted |  |  | *Sprain, myofascial, neuromuscular* |
| Special |  |  | *Achilles tendon – Thompson test* |
| Strength |  |  | *Power- score out of 5* |
| Muscle length |  |  | *Comment if short or restricted passive ROM* |
| Dorsiflexion  *Optimal ROM 20-30⁰* | Tibialis anterior | Active |  |  | *Reduced active ROM* |
| Passive |  |  | *Comment on end feel* |
| Resisted |  |  | *Sprain, myofascial, neuromuscular* |
| Strength |  |  | *Comment if weak and inhibited* |
| Inversion  *Optimal ROM 50⁰* | Posterior tibialis | Active |  |  | *Reduced active ROM* |
| Passive |  |  | *Comment on end feel* |
| Resisted\* |  |  | *Sprain, myofascial, neuromuscular* |
| Strength |  |  | *Power- score out of 5* |
| Muscle length |  |  | *Comment on resting, non-weight bearing position of foot* |
| Eversion  *Optimal ROM 20-30⁰* | Fibularis muscles | Active |  |  | *Reduced active ROM* |
| Passive |  |  | *Comment on end feel* |
| Resisted\* |  |  | *Sprain, myofascial, neuromuscular* |
| Strength |  |  | *Power- score out of 5* |
| Muscle length |  |  | *Comment on resting, non-weight bearing position of foot* |
| K  N  E  E | Flexion  *Optimal ROM 160⁰* | Hamstrings  Gracilis  Sartorius Gastrocnemius | Active |  |  | *Reduced active ROM* |
| Passive |  |  | *Straight leg raise* |
| Resisted\* |  |  | *Sprain, myofascial, neuromuscular* |
| Strength |  |  | *Power- score out of 5* |
| Muscle length |  |  | *Comment if short or restricted passive ROM* |
| Extension  *Optimal ROM 0⁰* | Quadriceps | Active |  |  | *Reduced active ROM* |
| Passive |  |  | *Comment on end feel* |
| Resisted\* |  |  | *Sprain, myofascial, neuromuscular* |
| Strength |  |  | *Power- score out of 5* |
| Muscle length |  |  | *Comment on length during Thomas test (or heal to glute)* |
|  | Special | Clark’s test |  |  | *Chrondromalacia patella* |
| Anterior & Posterior Drawer |  |  | *Anterior & posterior cruciate ligament. Excessive tibial motion* |
| Collateral ligament |  |  | *Medial and collateral ligament. Stress the knee med/lat* |
| Patellar tap |  |  | *Assess for knee effusion (also called patella sweep)* |
| Noble test |  |  | *IT band friction syndrome* |

\* Resisted test = isometric contraction

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Joint/ area** | **Movement** | **Muscles tested** | **Test** | **Right** | **Left** | **Comment on…** |
| T  H  I  G  H | H  I  P | Flexion  *Optimal ROM 90⁰*  *(120⁰ knee flexed)* | Iliacus  Psoas  Rectus Femoris  TFL  Sartorius | Active |  |  | *Reduced active ROM* |
| Passive |  |  | *Comment on end feel* |
| Resisted\* |  |  | *Resisted Straight leg raise* |
| Special |  |  | *Thomas Test, Ober test* |
| Strength |  |  | *Client initiates contraction*  *Then therapist provides resistance* |
| Muscle length |  |  | *Look at position during Thomas test* |
| Extension  *Optimal ROM 30⁰* | 3 Hamstrings  Gluteus Maximus | Active |  |  | *Reduced active ROM* |
| Passive |  |  | *Comment on end feel* |
| Resisted\* |  |  | *Sprain, myofascial, neuromuscular* |
| Strength |  |  | *Power- score out of 5* |
| Muscle length |  |  | *Straight leg raise* |
| Medial  Rotation  *Optimal ROM 45⁰* | Gluteus medius  Gluteus minimus  TFL  Gracilis | Active |  |  | *Reduced active ROM* |
| Passive |  |  | *Comment on end feel* |
| Resisted\* |  |  | *Sprain, myofascial, neuromuscular* |
| Special |  |  | *Stork or Trendelenburg test* |
| Strength |  |  | *Power- score out of 5* |
| Muscle length |  |  | *Comment on resting position* |
| Lateral Rotation  *Optimal ROM 60⁰* | “Deep 6”  Gluteus maximus  Adductors  Sartorius | Active |  |  | *Reduced active ROM* |
| Passive |  |  | *Comment on end feel* |
| Resisted\* |  |  | *Sprain, myofascial, neuromuscular* |
| Strength |  |  | *Power- score out of 5* |
| Muscle length |  |  | *Comment on resting position* |
| Abduction  *Optimal ROM 30-50⁰* | TFL  Gluteus medius  Gluteus minimus | Active |  |  | *Reduced active ROM* |
| Passive |  |  | *Comment on end feel* |
| Resisted\* |  |  | *Sprain, myofascial, neuromuscular* |
| Strength |  |  | *Power- score out of 5* |
| Muscle length |  |  | *Comment if short or restricted passive ROM* |
| Adduction  *Optimal ROM 45⁰* | Gracilis  Adductor magnus, longus, brevis, minimus  Pectineus | Active |  |  | *Range of movement* |
| Passive |  |  | *Comment on end feel* |
| Resisted\* |  |  | *Sprain, myofascial, neuromuscular* |
| Strength |  |  | *Power- score out of 5* |
| Muscle length |  |  | *Comment if short or restricted passive ROM* |
|  | Special tests | Thomas |  |  | *Hip flexors* |
| Ober |  |  | *TFL* |
| Faber |  |  | *Hip & SI joint* |
| Piriformis |  |  |  |
| Leg length |  |  | *True or apparent discrepancy* |
| Lateral pelvic tilt |  |  | *Compare levels of ASIS and PSIS in relation to the femur* |

\* Resisted test = isometric contraction

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Joint/ area** | **Movement** | **Muscles tested** | **Test** | **Right** | **Left** | **Comment on…** |
|  | Hip Flexors | Hip flexion | Iliacus  Psoas |  |  |  | See section on thigh |
| B  A  C  K | L  O  W    B  A  C  K |  | Latissimus dorsi |  |  |  | See section on shoulder |
| Flexion /  *60-105⁰*  Extension  *45-80⁰* | Erectors | Active |  |  | *Reduced active ROM* |
| Passive |  |  | *“Sit and Reach”* |
| Resisted\* |  |  | *Resisted extension of trunk* |
| Strength |  |  | *Power- score out of 5* |
| Muscle length |  |  | *Note location of ‘flat spots’ during flexion* |
| Lateral flexion (unilateral)  *15-20⁰*  (Extension bilateral) | Quadratus lumborum | Active |  |  | *Reduced active ROM* |
| Passive |  |  | *Comment on end feel* |
| Resisted\* |  |  | *Resisted lateral flexion of trunk* |
| Strength |  |  | *Power- score out of 5* |
| Muscle length |  |  | *Comment on right –left symmetry* |
| Deep spinal rotators  *15-20⁰* | Multifidus | Active |  |  | *Reduced active ROM* |
| Passive |  |  | *Comment on end feel* |
| Resisted\* |  |  | *Sprain, myofascial, neuromuscular* |
| Muscle length |  |  | *Flat areas during ‘sit and reach’ due to tight multifidus* |
|  | Special tests | Adam’s |  |  | *Assess curvature scoliosis* |
| Straight leg raise |  |  | *Test for sciatic nerve entrapment* |
| Slump |  |  | *Test for sciatic nerve entrapment* |
| Thomas |  |  | *Hip flexors* |
| Ober |  |  | *Contracture in TFL* |
| Hip rotators | Lateral rotation of hip | “Deep 6” |  |  |  | See section on thigh |

\* Resisted test = isometric contraction

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Joint/ area** | **Movement** | **Muscles tested** | **Test** | **Right** | **Left** | **Comment on…** |
| T  O  R  S  O | A  B  D  O  M  E  N | Flexion  *40-60⁰* | Rectus abdominus | Active |  |  | *Reduced active ROM* |
| Resisted\* |  |  | *Sprain, myofascial, neuromuscular* |
| Strength |  |  |  |
| Muscle length |  |  | *Look at resting length between pubis and xiphisternum* |
| Lateral Flexion  *15-20⁰* | External and Internal Oblique | Active |  |  | *Reduced active ROM* |
| Resisted\* |  |  | *Sprain, myofascial, neuromuscular* |
| Strength |  |  | *Rotatory stability – See FMS* |
| Muscle length |  |  | *Look at right - left symmetry* |
| Rotation  *15-20⁰* | External and Internal Oblique | Active |  |  | *Reduced active ROM* |
| Resisted\* |  |  | *Sprain, myofascial, neuromuscular* |
| Strength |  |  |  |
| Muscle length |  |  | *Look at right - left symmetry* |
| Deep abdo stabilisers | Transversus abdominus | Special |  |  | *Rotary stability test – functional movement screen* |
| C  H  E  S  T | Superficial muscles | Pec major |  |  |  | See section on shoulder |
| Pec minor |  |  |  |
| Deep muscles | Intercostals |  |  |  | *Elevated or depressed ribs* |

\* Resisted test = isometric contraction

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Joint/ area** | **Movement** | **Muscles tested** | **Test** | **Right** | **Left** | **Comment on…** |
| H  E  A  D  &  N  E  C  K | N  E  C  K | Flexion  *Optimal ROM 80⁰* | Levator scapulae  Both SCM  3 scalenes | Active |  |  | *Reduced active ROM* |
| Passive |  |  | *Comment on end feel* |
| Resisted\* |  |  | *Sprain, myofascial, neuromuscular* |
| Special |  |  | *Eye dominance* |
| Strength |  |  | *Power- score out of 5* |
| Muscle length |  |  | *Comment on resting position* |
| Extension  *Optimal ROM 60-70⁰* | Bilateral splenius capitus,  Semispinalis capitis | Active |  |  | *Reduced active ROM* |
| Passive |  |  | *Comment on end feel* |
| Resisted\* |  |  | *Sprain, myofascial, neuromuscular* |
| Strength |  |  | *Power- score out of 5* |
| Muscle length |  |  | *Comment on resting position* |
| Lateral flexion  *Optimal ROM 45⁰* | Ipsilateral SCM  Scalenes | Active |  |  | *Reduced active ROM* |
| Passive |  |  | *Comment on end feel* |
| Resisted\* |  |  | *Sprain, myofascial, neuromuscular* |
| Strength |  |  | *Power- score out of 5* |
| Muscle length |  |  | *Comment on resting position* |
| Rotation  *Optimal ROM 80⁰* | Opposite SCM  Ipsilateral splenius capitus  Scalenes | Active |  |  | *Reduced active ROM* |
| Passive |  |  | *Comment on end feel* |
| Resisted\* |  |  | *Sprain, myofascial, neuromuscular* |
| Strength |  |  | *Power- score out of 5* |
| Muscle length |  |  | *Comment on resting position* |
|  | Special tests | Cervical compression |  |  | *Neurological sensations radiating into the shoulder / arm* |
| Forward head posture |  |  | *Opening of the ear should be level with the acromion.*  *- See postural assessment* |
| Retracted head posture |  |  | *Reduced active ROM or neurological symptioms* |
| H  E  A  D | Stabilisers  Righting reflex | Sub-occipitals | Active |  |  | *Reduced active ROM* |
| Passive |  |  | *Comment on end feel* |
| Resisted\* |  |  | *Sprain, myofascial, neuromuscular* |
| Special |  |  | *Eye dominance* |
| Strength |  |  | *Power- score out of 5* |
| Muscle length |  |  | *Chin tuck segment of wall angels or floor angels* |
| Head flexion  *Optimal ROM 80⁰* | SCM  Deep cervical muscles | Active |  |  | *Reduced active ROM* |
| Passive |  |  | *Comment on end feel* |
| Resisted\* |  |  | *Sprain, myofascial, neuromuscular* |
| Strength |  |  | *Power- score out of 5* |
| Muscle length |  |  | *Comment on resting position* |
| Head extension  *Optimal ROM 80⁰* | Trapesius  Splenius capitis  Semispinalis capitis | Active |  |  | *Reduced active ROM* |
| Passive |  |  | *Comment on end feel* |
| Resisted\* |  |  | *Sprain, myofascial, neuromuscular* |
| Strength |  |  | *Power- score out of 5* |
| Muscle length |  |  | *Comment on resting position* |

\* Resisted test = isometric contraction

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Joint/ area** | **Movement** | **Muscles tested** | **Test** | **Right** | **Left** | **Comment on…** |
| S  H  O  U  L  D  E  R | G  L  E  N  O  H  U  M  E  R  A  L  J  O  I  N  T | Flexion  *Optimal ROM 180⁰* | Anterior deltoid  Coracobrachialis  Biceps | Active |  |  | *Reduced active ROM* |
| Passive |  |  | *Comment on end feel* |
| Resisted\* |  |  | *Sprain, myofascial, neuromuscular* |
| Strength |  |  | *Power- score out of 5* |
| Muscle length |  |  |  |
| Extension  *Optimal ROM 45⁰* | Latissimus dorsi  Posterior deltoid  Triceps | Active |  |  | *Reduced active ROM* |
| Passive |  |  | *Comment on end feel* |
| Resisted\* |  |  | *Sprain, myofascial, neuromuscular* |
| Strength |  |  | *Power- score out of 5* |
| Muscle length |  |  |  |
| Abduction  *Optimal ROM 180⁰* | Supraspinatus  Middle deltoid | Active |  |  | *Reduced active ROM* |
| Passive |  |  | *Comment on end feel* |
| Resisted\* |  |  | *Sprain, myofascial, neuromuscular* |
| Strength |  |  | *Power- score out of 5* |
| Muscle length |  |  | *Comment on resting position* |
| Adduction  *Optimal ROM 30-45⁰* | Latissimus dorsi  Pec Major  Coracobrachialis  Teres major | Active |  |  | *Reduced active ROM* |
| Passive |  |  | *Comment on end feel* |
| Resisted\* |  |  | *Sprain, myofascial, neuromuscular* |
| Strength |  |  | *Power- score out of 5* |
| Muscle length |  |  | *Comment on resting position* |
| Internal rotation  *Optimal ROM 100⁰* | Latissimus dorsi  Subscapularis  Pec Major | Active |  |  | *Reduced active ROM* |
| Passive |  |  | *Comment on end feel* |
| Resisted\* |  |  | *Sprain, myofascial, neuromuscular* |
| Strength |  |  | *Power- score out of 5* |
| Muscle length |  |  |  |
| External rotation  *Optimal ROM 80⁰* | Infraspinatus  Teres minor | Active |  |  | *Reduced active ROM* |
| Passive |  |  | *Comment on end feel* |
| Resisted\* |  |  | *Sprain, myofascial, neuromuscular* |
| Strength |  |  | *Power- score out of 5* |
| Muscle length |  |  |  |
| S  H  O  U  L  D  E  R  G  I  R  D  L  E | Protraction | Serratus anterior | Active |  |  |  |
| Resisted\* |  |  | *Possible* |
| Special |  |  | *Look for winging of scapula* |
| Retraction | Middle trapezius  Rhomboids | Active |  |  |  |
| Passive |  |  | *When treating scapula* |
| Strength |  |  |  |
| Depression | Lower trapezius  Pec minor | Active |  |  |  |
| Muscle length |  |  | *Look at resting position* |
| Elevation | Upper trapezius  Levator scapulae | Active |  |  |  |
| Passive |  |  |  |
| Resisted\* |  |  | *Possible* |
| Special |  |  |  |
| Muscle length |  |  | *Look at resting position* |
| Rotation | Serratus anterior  Pec minor  Rhomboids | Active |  |  |  |
| Passive |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | **Special tests** | **Condition** | **Right** | **Left** | **Comment on…** |
| S  H  O  U  L  D  E  R |  | Painful arc | Pain at 60-120⁰ suggests labral tear |  |  | *Clicking or pain. Where in the arc symptoms occur* |
| Empty Can | Labral tear |  |  | *Reproduces the clients recognized pain pattern* |
| Resisted external rotation | Adhesive capsulitis |  |  | *Maybe painful or painless. Associated with bone-on-bone like end feel on passive ROM (45⁰)* |
| Appley Scratch test | Shoulder mobility test |  |  | *See Functional Movement Screen; shoulder mobility test* |
| Speed’s test | Labral tears or biceps tendonitis |  |  |  |
| Neer’s test | Sub-acromial impingement |  |  |  |
| Gerber’s lift off sign | Subscapularis weakness |  |  | *Can the client lift the wrist/hand away from the low back* |
| Hawkins Kennedy test | Sub-acromial impingement of supraspinatus |  |  | *Reproduces the clients recognized pain pattern* |
| Drop test | Tests supraspinatus function |  |  | *Inability to resist sudden downward pressure on the arm* |
| Crossover | Tests AC joint stability |  |  | *Pain at the AC joint ligaments* |
| Squeeze test | Tests AC joint stability |  |  | *Pain at the AC joint ligaments* |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Joint/ area** | **Movement** | **Muscles tested** | **Test** | **Right** | **Left** | **Comment on…** |
| U  P  P  E  R    L  I  M  B | E  L  B  O  W | Flexion  *Optimal ROM 140-150⁰* | Biceps  Brachialis  Brachioradialis | Active |  |  | *Reduced active ROM* |
| Passive |  |  | *Comment on end feel* |
| Resisted\* |  |  | *Sprain, myofascial, neuromuscular* |
| Special |  |  |  |
| Strength |  |  | *Power- score out of 5* |
| Muscle length |  |  |  |
| Extension  *Optimal ROM 0⁰* | Triceps  Anconeus | Active |  |  | *Reduced active ROM* |
| Passive |  |  | *Comment on end feel* |
| Resisted\* |  |  | *Sprain, myofascial, neuromuscular* |
| Special |  |  |  |
| Strength |  |  | *Power- score out of 5* |
| Muscle length |  |  |  |
| Pronation  *Optimal ROM 85-90⁰* | Pronator teres | Active |  |  |  |
| Passive |  |  | *Comment on end feel* |
| Resisted\* |  |  | *Sprain, myofascial, neuromuscular* |
| Strength |  |  | *Power- score out of 5* |
| Muscle length |  |  | *Comment on resting position* |
| Supination  *Optimal ROM 90⁰* | Supinator  Biceps | Active |  |  |  |
| Passive |  |  | *Comment on end feel* |
| Resisted\* |  |  | *Sprain, myofascial, neuromuscular* |
| Strength |  |  | *Power- score out of 5* |
| Muscle length |  |  | *Comment on resting position* |
| W  R  I  S  T | Flexion  *Optimal ROM 80-90⁰* | Flexor Carpi Radialis  Flexor Carpi Ulnaris  Palmaris longus | Active |  |  | *Optimal ROM 85⁰* |
| Passive |  |  | *Comment on end feel* |
| Resisted\* |  |  | *Sprain, myofascial, neuromuscular* |
| Special |  |  | *Lateral epicondylitis- Tennis Elbow* |
| Strength |  |  | *Power- score out of 5* |
| Muscle length |  |  |  |
| Extension  *Optimal ROM 70-90⁰* | Extensor Carpi Radialis  Extensor Carpi Ulnaris | Active |  |  | *Optimal ROM 85⁰* |
| Passive |  |  | *Comment on end feel* |
| Resisted\* |  |  | *Sprain, myofascial, neuromuscular* |
| Special |  |  | *Medical epicondylitis- Golfer’s elbow* |
| Strength |  |  | *Power- score out of 5* |
| Muscle length |  |  |  |

\* Resisted test = isometric contraction

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Functional Tests: Functional Movement Screen | | | | |
| Test | Right | Left | Total | Comments |
| Deep Squat |  |  |  |  |
| Hurdle Step |  |  |  |  |
| Inline lunge |  |  |  |  |
| Shoulder Mobility |  |  |  |  |
| Straight-leg Raise |  |  |  |  |
| Trunk Stability Pushup |  |  |  |  |
| Rotary Stability |  |  |  |  |

Full Postural analysis of symmetry and examination:

|  |  |  |  |
| --- | --- | --- | --- |
| **Gait analysis** | Right | Left | Comments |
| Cross patterning |  |  | *Is the opposite arm and leg swinging*  *Is the spine seen to rotate evenly in both directions* |
| Stride length |  |  | *Is the length consistent*  *Is it shortened* |
| Cadence (even rhythm) |  |  | *Is the movement jerky or even*  *Is there left and right symmetry* |
| Premature heal lift |  |  | *Does the heal appear to pop up early* |
| Breaking over the big toe |  |  | *Does the foot pivot laterally* |
| Breaking over the little toe |  |  | *Does the foot pivot medially* |
| Stability |  |  | *is the clients balance maintained through the gait cycle* |

Range of movement findings, identifying strengths and areas for improvement:

Pre-existing conditions/disease processes (therapeutic and remedial)

Devise treatment plan

State rationale for chosen massage interventions

Learner’s/Therapist Signature …………………………..

Client’s Signature ………………………………………….