Date					•	م •)	(·)	
Name 1			Sex	F		14		
Address					_ (ī.		∇	
Telephone						XI		
Date of Birth			Age	30	_ (Å	· A)	(2)	
Referral: GP/Orth/S	<u>Self</u> / O <u>t</u>	ther			_][[\bigvee M(// white	2
Work	_	Groom: ridin	g, mucking ou	t stables			100 100	٢
Leisure	_				_ \			
Postures / Stresses	_	Bending, lifti	ng, use of arm	++	_ l	ivil	101	
Functional Disability f	from pre	esent episode	Limited work	(_ \	W/	$\lambda \lambda$	
Functional Disability s	score) Y {)}}(
VAS Score (0-10)	_	6-8			{	ului SYM	PTOMS	
			HIS	STORY				
Present Symptoms	-	Constant acl	ne left shoulde	r				
Present since	-	7 weeks				Improving /	<u>Unchanging</u> / Worsenir	ıg
Commenced as a res	sult of	Fell off horse	9				or no apparent reaso	n
Symptoms at onset:	-	Immediate s	houlder pain					
Constant symptoms: Left sho			r		Intermittent sy	mptoms:		
What produces or wo	orsens	Using arm						
What stops or reduce	es _	Limiting work	k reduces pain					
Continued use makes	s the pai	in Better	Worse	<u>)</u>	No Effect			
Pain at rest	<u>Yes</u> / No	0						
Disturbed night	<u>Yes</u> / No	0						
Other Questions								
Treatments this episo	ode No	one						
Previous episodes	Nc	one						
Previous treatments	Nc	one						
Spinal history	No	one						
							Paraesthesia Yes / N	ю
Medications tried	NSAID	S		Effect	No effect			
Present medication	Nil else	;						
General health	Good							
Imaging 1	None							
Summary:	Acute / _	<u>Sub-acute</u> / Cl	hronic		<u> Trauma</u> / I	nsidious onset		
Sites for physical example	iminatio	n Neck / Sh	noulder					

EXAMINATION				
Observation	Poor cervical posture			
Baseline measure	ments (pain or functional activity)	Left shoulder pain		
Active Movements	(note symptoms and range)		PDM	ERP
Reduced medi	al rotation - pain ++		\checkmark	
Passive Movemen	nt (+/- over pressure) (note symptoms	s and range):		
Medial rotation	1		\checkmark	
Resisted Test Res	sponse (pain)			
All increased p	ain			

Baseline symptoms	Symptom	Mechanical Response			
Active movement, passive movement, resisted test	During Movement – Produce, Abolish, Increase, Decrease, NE	After Movement – Better, Worse, NB, NW, NE	↑ROM	↓ ROM	No Effect
Medial rotation	↑ (NW			\checkmark
Lateral rotation	↑	NW			\checkmark
Flexion	↑	NW			\checkmark
Extension	↑ (NW			\checkmark
Abduction	<u>↑</u>	NW			\checkmark
Effect of static positioning					
Other tests: eg loaded,					
compression, unloaded etc.					

SPINE

Movement Loss _ Retraction / extension					
Effect of repeated movements ↑ shoulder ROM; ↓ shoulder pain Better					
Effect of static positioning					
Spine testing Not relevant / relevant / secondary problem					
PROVISIONAL CLASSIFICATION Peripheral	Spine				
Dysfunction – Articular	Contractile				
Derangement	Postural				
Other	Uncertain				
PRINCIPLE OF MANAGEMENT Education					
Exercise	Frequency				
Treatment Goals					

Date				(•		(\cdot)
Name	2		Sex M	<u> </u>	4).(
Address						$(\widehat{\mathbf{v}}, \widehat{\mathbf{v}})$
Telephone						
Date of Birth			Age 15	_ / [·	(\mathbf{x})	(2)
Referral: GP/	Orth / <u>Self</u> / C	Other		- 1/7		/ I while
Work		School			1 Pro	
Leisure		Football				
Postures / Stre	esses	Sitting, walking,	running	/ï¢	Ĩ.	101
Functional Dis	ability from pr	esent episode	topped football			
Functional Dis	ability score) ¥	'{	
VAS Score (0-	10)	5			SYMPTO	oms ()()
			HISTORY			
Present Sympt	toms	Left ankle heel	pain			_
Present since		1 year		/	Improving / <u>Un</u>	changing / Worsening
Commenced a	is a result of					no apparent reason
Symptoms at c	onset:	Ankle / heel				
Constant symp	otoms:			Intermittent symp	otoms: All	
What produces	s or worsens	Running, stairs,	football, walking >	5 minutes		
What stops or	reduces	Rest				
Continued use	makes the pa	ain Better	Worse	No Effect		
Pain at rest	Yes / <u>N</u>	<u>lo</u>				
Disturbed nigh	t Yes / <u>N</u>	<u>lo</u>				
Other Question Very flat fee	ns					
Treatments thi	s episode <u>N</u>	lone				_
Previous episo	odes <u>N</u>	lone				
Previous treatr	ments <u>N</u>	lone				
Spinal history	<u>N</u>	one				
Medications tri	ed None		Effect			Paraesthesia Yes / <u>N</u> o
Present medic	ation None					
General health	Good					
Imaging	No					
Summary:	Acute /	[/] Sub-acute <u>/ Chror</u>	<u>iic</u>	Trauma / Insic	lious onset	
Sites for physic	cal examinatio	on Ankle / heel				

EXAMI	NAT	ION
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Effect of static positioning

Other tests: eg loaded, compression, unloaded etc.

Observation Nothing	abnormal detected (NAD)				
Baseline measurements (pain c	r functional activity) None				
Active Movements (note sympton	oms and range)			PDM	ERP
Plantarflexion					
Dorsiflexion					\checkmark
Passive Movement (+/- over pre	essure) (note symptoms and rang	e):			
Dorsiflexion					\checkmark
Resisted Test Response (pain)					
Plantarflexion	Produced pain ++				
Repeated Tests (choose the mo	ost symptomatic from above)	Ankle / heel pain			
Baseline symptoms	Symptoms response Mechai			anical Response	
Active movement, passive movement, resisted test	During Movement – Produce, Abolish, Increase, Decrease, NE	After Movement – Better, Worse, NB, NW, NE	∱ROM	↓ ROM	No Effect
Resisted plantarflexion	<u>↑</u>	NW			\checkmark

SPINE				
Movement Loss None				
Effect of repeated movements NE				
Effect of static positioning <u>NE</u>				
Spine testing Not relevant / relevant / secondary				
PROVISIONAL CLASSIFICATION Peripheral	Spine			
Dysfunction – Articular	Contractile			
Derangement	Postural			
Other	Uncertain			
PRINCIPLE OF MANAGEMENT				
Education				
Exercise	Frequency			
Treatment Goals				

Date				ł	(* p)	(\cdot)	
Name	3		Sex F).().(
Address				<u> </u>	$\overline{\mathbf{X}}$	$(\hat{\nabla}, \hat{\nabla})$	
Telephone					XI		
Date of Birth							
Referral: GP/	Orth / Self	/ Other		$ = 10^{\circ}$		MAN	
Work		Aerobics in	structor		l P	Gua W	
Leisure		Active					
Postures / Stre	esses			[ivil	165	
Functional Dis	ability from	present episode	Stopped class	\	W/	\.{/	
Functional Dis	ability score)) ¥ (288	
VAS Score (0-	-10)	6-8			symi (تنالي)	PTOMS	
			HISTO	RY			
Present Symp	toms	Left thigh					
Present since		6 months			Improving /	Unchanging / <u>Worsening</u>	
Commenced a	as a result o	f After runnin	g?			no apparent reason	
Symptoms at o	onset:	Left thigh					
Constant symp	ptoms:	Left thigh		Intermittent sy	mptoms:		
What produce	s or worsen	s Prolonged s	sitting, stairs, runnir	ng on spot, jumpin	ıg		
What stops or	reduces	Sitting with	legs supported on	bed / chair			
Continued use	e makes the	pain Better	Worse	No Effect			
Pain at rest	<u>Yes</u>	/No	ft side				
Other Questio	nt <u>Yes</u> , ns		ent side				
Treatments th	is episode	lliotibial band a	nd quads stretchin	g, ultrasound - Wo	orse after, pir	ns + needles in foot	
Previous episo	odes	None	•		´+		
Previous treat	ments	None					
Spinal history	-	Back pain epis	odes - advised leg-	length inequality			
	-					Paraesthesia Yes/No	
Medications tr	ied Non	е	E	ffect			
Present medic	ation Non	e					
General health	n <u>Goo</u>	d					
Imaging	Non	e					
Summary:	Acut	e / Sub-acute / <u>C</u>	hronic	Trauma / <u>In</u>	nsidious onse	ŕ	
Sites for physi	cal examina	ation Spine / h	nip / knee				

EXAMINATION			
Observation	Stands left lateral shift		
Baseline measurem	nents (pain or functional activity) Left thigh pain (6/10)		
Active Movements	(note symptoms and range)	PDM	ERP
Hip flexion, abduction, medial rotation - all reduced ROM			
Knee - NAD			
Passive Movement	(+/- over pressure) (note symptoms and range):		
Hip - flexion, ab	duction, medial rotation - all reduced ROM	\checkmark	
NE knee			
Resisted Test Resp	oonse (pain)		
NE hip			
NE knee			

Repeated Tests (choose the most symptomatic from above) Left thigh pain

Baseline symptoms

Symptoms response

Mechanical Response

Active movement, passive movement, resisted test	During Movement – Produce, Abolish, Increase, Decrease, NE	After Movement – Better, Worse, NB, NW, NE	∱ROM	↓ ROM	No Effect
Hip flexion	↑ (NW			\checkmark
Hip abduction	\downarrow	Better	\checkmark		
Hip medial rotation	Abolishes	Better	\checkmark		
Effect of static positioning					
Other tests: eg loaded,					
compression, unloaded etc.					

SPINE					
Movement Loss None					
Effect of repeated movements NE					
Effect of static positioning					
Spine testing Not relevant / relevant / secondary					
PROVISIONAL CLASSIFICATION Peripheral	Spine				
Dysfunction – Articular	Contractile				
Derangement	Postural				
Other	Uncertain				
	-				
PRINCIPLE OF MANAGEMENT Education					
Exercise	Frequency				
Treatment Goals					

Name 4 Sex M Address Image: Constraint of the second secon	
Address	
Telephone	
Date of Birth Age 18	
Referral: GP/Orth/Self/Other	
Work Professional rugby player	٢
Leisure	
Postures / Stresses Contact sport	
Functional Disability from present episode Stopped playing	
Functional Disability score	
VAS Score (0-10) 9-10; 0 if rested	
HISTORY	
Present Symptoms Right shoulder pain	
Present since <u>10 days</u> Improving / Unchanging / <u>Worsenin</u>	g
Commenced as a result of Tackle - arm pulled back or no apparent reaso	n
Symptoms at onset: Right shoulder + upper arm	
Constant symptoms: Intermittent symptoms: Right shoulder	
What produces or worsens Rugby training - arm movements and contact	
What stops or reduces Rest / no training	
Continued use makes the pain Better <u>Worse</u> No Effect	
Pain at rest Yes / <u>No</u>	
Disturbed night Yes / <u>No</u>	
Other Questions	
Treatments this episode Ultrasound X.3 - NE	
Paraesthesia Ves / /	
Medications tried None Effect	10
Present medication None	
General health Good	
Summary: Acute / Sub-acute / Chronic Trauma / Insidious onset	
Sites for physical examination Neck / shoulder	

EXAMINATION				
Observation	Shoulder protracted			
Baseline measure	ments (pain or functional activity)	Minimal ache right shoulder		
Active Movements	(note symptoms and range)		PDM	ERP
All shoulder mo	\checkmark			
Passive Movemen	t (+/- over pressure) (note symptoms	s and range):		
All shoulder mo	ovements - ↑ pain ++; limited mov	vement available		
Resisted Test Res	ponse (pain)			
All movements	- ↑ pain			

Baseline symptoms	Symptom	is response	Mechanical Response		sponse
Active movement, passive movement, resisted test	During Movement – Produce, Abolish, Increase, Decrease, NE	After Movement – Better, Worse, NB, NW, NE	↑ ROM	↓ ROM	No Effect
Flexion	↑	Worse		\checkmark	
Extension	1	Worse			\checkmark
Adduction	↑	Worse			\checkmark
Medial + Lateral rotation	1	Worse			\checkmark
Abduction	\downarrow	Better			
Effect of static positioning					
Other tests: eg loaded,					
compression, unloaded etc.					

SPINE						
Movement Loss None						
Effect of repeated movements NE						
Effect of static positioning						
Spine testing Not relevant / relevant / secondary problem						
PROVISIONAL CLASSIFICATION Peripheral	Spine					
Dysfunction – Articular	Contractile					
Derangement	_ Postural					
Other	Uncertain					
PRINCIPLE OF MANAGEMENT						
Education						
Exercise	Frequency					
Treatment Goals						

					\cap	\bigcirc	
Date					— <u> </u>	S Z	
Name	5		Sex F	=	-		
Address					— {{•§•}		
Telephone					- W		
Date of Birth			Age	24	-1		
Referral: GP/C	Orth / <u>Self</u>	/ O <u>ther</u>			$-k \left(\bar{Y} \right)$		6
Work		Sales perso	'n		_7/ / /		1
Leisure		Touch rugb	у		\		
Postures / Stres	sses	Sits in car 8	hours a day		- (iĝi)	191	
Functional Disa	bility from	present episode	Stopped spor	t	\W/	\ <u>`</u> ∱ /	
Functional Disa	bility scor	e)}(
VAS Score (0-1	0)	5-6 at worst			(سالينا	SYMPTOMS	
			HIS	TORY			
Present Sympto	oms	Right latera	l thigh pain				
Present since		8 weeks			<u>Impre</u>	oving / Unchanging / Worsenii	пg
Commenced as	s a result o	of Pain preser	t after rugby?			or no apparent reas	on
Symptoms at or	nset:	Right latera	l thigh				
Constant sympt	oms:				Intermittent symptoms	Right thigh	
What produces	or worser	ns Running, wa	alking				
What stops or re	educes	Sitting, not	weight-bearing				
Continued use	makes the	e pain Better	Worse		No Effect		
Pain at rest	Yes	<u>/ No</u>					
Disturbed night	Yes	/ <u>No</u>					
Other Questions	S						
Treatments this	episode	None					
Previous episod	des	Minor problems	6				
Previous treatm	ients	None					
Spinal history	-	None					
						Paraesthesia Yes / I	<u>V</u> o
Medications trie	d Non	e		Effect			
Present medica	tion Asth	nma inhaler					
General health	Goo	od a part from m	ild asthma				
Imaging	Non	e					
Summary:	Acu	te / <u>Sub-acute</u> / C	Chronic		Trauma / Insidious	s onset?	
Sites for physic	al examin	ation					

EXAMINATION					
Observation	Dbservation Tends to weight-bear on left leg				
Baseline measureme	ents (pain or functional activity) None				
Active Movements (r	PDM	ERP			
Hip flexion - produce pain					
Hip medial rotation	on - produce pain	\checkmark			
Passive Movement ((+/- over pressure) (note symptoms and range):				
No effect					
Resisted Test Respo	onse (pain)				
Hip flexion - proc	duce pain + right thigh				
Other movement	is - NE				

Mild ache right thigh

Baseline symptoms	eline symptoms Symptoms response		Mechanical Response		
Active movement, passive movement, resisted test	During Movement – Produce, Abolish, Increase, Decrease, NE	After Movement – Better, Worse, NB, NW, NE	↑ROM	↓ ROM	No Effect
Resisted flexion	↑	NW			\checkmark
Flexion	↑	NW			\checkmark
Medial rotation	NE				
Adduction	NE				
Extension	NE				
Effect of static positioning					
Other tests: eg loaded,					
compression, unloaded etc.					

SPINE	
Movement Loss None	
Effect of repeated movements NE	
Effect of static positioning	
Spine testing Not relevant / relevant / secondary	
PROVISIONAL CLASSIFICATION Peripheral	Spine
Dysfunction – Articular	Contractile
Derangement	Postural
Other	Uncertain
PRINCIPLE OF MANAGEMENT	
Education	
Exercise	Frequency
Treatment Goals	

Data					\bigcirc
Nama f	3		Sov M	— <u>)</u>).(
Address	5		Sex IVI		
Telephone					
Date of Birth			Age 25	— / [·]	(-)
Referral: GP/0	orth / <u>Self</u> /	' Other	Ŭ	$ // \downarrow$	
Work		Sells cars			
Leisure		Body builder			
Postures / Stress	ses	Standing, wa	alking, lifting		165
Functional Disat	ility from	present episode	Limits lifting weigl	nts	\ { /
Functional Disat	oility score)¥()}}
VAS Score (0-10	D)	4-6		(باليا)	SYMPTOMS
			HISTOR	Y	
Present Sympton	ms	Left anterior	knee pain, knee fee	ls weak	
Present since		10 weeks		Improv	ing / Unchanging / <u>Worsening</u>
Commenced as	a result of	Doing a dead	d lift		or no apparent reason
Symptoms at on	set:	Knee poppe	d' ache at left knee		
Constant sympto	oms:			Intermittent symptoms:	Left knee
What produces of	or worsens	Bending, twi	sting, tennis		
What stops or re	educes	Limiting activ	vity		
Continued use m	nakes the	pain Better	Worse?	No Effect	
Pain at rest	Yes /	<u>No</u>			
Disturbed night	Yes /	<u>' No</u>			
Other Questions	Leg f	eels weak, givir	ng way sensation, ?	locking	
		Nege			
I reatments this	episode	None			
Previous episod	es _	None			
Previous treatme	ents _	None			
Spinal history	_	None			Paraesthesia Yes / N o
Medications tried	d <u>Non</u> e	9	Effe	ect	
Present medicat	ion None	9			
General health	Good	b			
Imaging	X-ray	/ knee - NAD			
Summary:	Acute	e / Sub-acute <u>/ Ch</u>	ronic	<u>Trauma</u> / Insidious o	nset
Sites for physica	al examina	tion Knee			

Observation	Some swelling left knee?			
Baseline measure	ements (pain or functional activity)	Minimal pain in weight bearing		
Active Movement	s (note symptoms and range)		PDM	ERP
Flexion			\checkmark	
Extension				\checkmark
Passive Moveme	nt (+/- over pressure) (note symptoms	s and range):		
Flexion			\checkmark	
Extension				\checkmark
Resisted Test Re	sponse (pain)			
NE				

Baseline symptoms	Baseline symptoms Symptoms response		Mechanical Response		
Active movement, passive movement, resisted test	During Movement – Produce, Abolish, Increase, Decrease, NE	After Movement – Better, Worse, NB, NW, NE	↑ ROM	↓ ROM	No Effect
Flexion	↑ (NW			\checkmark
Extension	\downarrow	Better			
Effect of static positioning					
Other tests: eg loaded,					
compression, unloaded etc.					

SPINE	
Movement Loss	
Effect of repeated movements	
Effect of static positioning	
Spine testing Not relevant / relevant / secondary	
PROVISIONAL CLASSIFICATION Peripheral	Spine
Dysfunction – Articular	Contractile
Derangement	Postural
Other	Uncertain
PRINCIPLE OF MANAGEMENT Education	
Exercise	Frequency
Treatment Goals	

Date				(~ p)	(\cdot)
Name	7		Sex M).(
Address					
Telephone					
Date of Birth			Age 62	(\$`})	(2)
Referral: GP/	Orth / <u>Self</u>	/ Other		$= /(\vee)$	
Work		Retired			
Leisure		Golf, running	ı, rowing, cycling		
Postures / Stre	esses	Active			101
Functional Disa	ability from	present episode	As normal with pa	<u>ain </u> W/	$\lambda \lambda$
Functional Disa	ability score	e))}{{
VAS Score (0-	10)	4-6		s'	YMPTOMS
			HISTOR	Y	
Present Sympt	toms	Right neck a	nd shoulder pain		
Present since		10 days		Improving	g / <u>Unchanging</u> / Worsening
Commenced a	s a result c	of			no apparent reason
Symptoms at c	onset:				
Constant symp	otoms:			Intermittent symptoms:	All
What produces	s or worser	ns Lifting, using	arm		
What stops or	reduces	Not using an	n		
Continued use	makes the	pain Better	Worse	No Effect	
Pain at rest	Yes	/ <u>No</u>			
Disturbed night	t Yes	/ <u>No</u>			
Other Question	ns <u>Som</u>	ne neck stiffness	in morning		
Treatments this	s enisode	None			
Previous episo	des	Back / neck pair	n episodes		
Previous treatr	nents	Exercises	<u> </u>		
Spinal history	_	Episodic neck p	ain		
	-				Paraesthesia Yes / N o
Medications tri	ed Non	e	Effe	ect	_
Present medic	ation Non	e			
General health	Goo	od			
Imaging	Bac	k and neck year	s ago		
Summary:	Acu	te / Sub-acute / Cł	nronic	Trauma / Insidious on	set
Sites for physic	cal examina	ation <u>Neck / s</u> h	oulder		

Observation	Poor cervical posture				
Baseline measure	ments (pain or functional activity)	None			
Active Movements	s (note symptoms and range)			PDM	ERP
Shoulder - full	range of movement all direction a	and no pain			
Passive Movemer	nt (+/- over pressure) (note symptoms	s and range):			
Shoulder - full range of movement all direction and no pain					
Resisted Test Res	sponse (pain)				
Shoulder flexic	on - produced shoulder pain				

Repeated Tests (choose the most symptomatic from above)

Baseline symptoms	Symptom	s response	Mecha	inical Res	sponse
Active movement, passive movement, resisted test	During Movement – Produce, Abolish, Increase, Decrease, NE	After Movement – Better, Worse, NB, NW, NE	↑ ROM	↓ ROM	No Effect
Resisted shoulder flexion	NE				
Shoulder flexion	NE				
Shoulder medial rotation	NE				
Shoulder lateral rotation	NE				
Adduction	NE				
Effect of static positioning					
Other tests: eg loaded,					
compression, unloaded etc.	Increase, Decrease, NE Better, Worse, NB, NW, NE NE Increase, NE				

SPINE

Movement Loss <u>Minor loss extension, right rotation</u> Effect of repeated movements Retraction / extension - 7	range of movement; resisted flexion no pain
Effect of static positioning	
Spine testing Not relevant / relevant / secondary problem	
PROVISIONAL CLASSIFICATION Peripheral	Spine
Dysfunction – Articular	Contractile
Derangement	_ Postural
Other	Uncertain
PRINCIPLE OF MANAGEMENT Education	
Exercise	Frequency
Treatment Goals	

Date					(-,	.)	(\cdot)
Name	8		Sex N	Л	تر –	Ł –).(
Address							
Telephone					- -		
Date of Birth			Age	25	- /[.	$\left(L\right)$	(-)
Referral: <u>GP</u> /	Orth / Self / Or	ther			- 1/1		Minh
Work		Oil industry				162	Gud T Go
Leisure		Squash, golf	, running, cyclin	g			
Postures / Stre	esses	Sitting, activi	ty = sport		_ / 10		165
Functional Dis	ability from pre	esent episode	Limited sport			/	\{{/
Functional Dis	ability score)¥	{	<u>}</u> }{{
VAS Score (0-	10)	6			(u)	SYMP	TOMS
			HIS	FORY			
Present Sympt	toms	Right should	er				
Present since		4 months				/ Uncha	anging /Worsening
Commenced a	s a result of	Fell off bike l	anded on shoul	der			or no apparent reason
Symptoms at o	onset:	Right should	er - more painfu	ul initiall	у		
Constant symp	otoms:				Intermittent symp	toms: <u>Rig</u> h	nt shoulder
What produces	s or worsens	Moving arm,	especially out t	o side a	and overhead		_
		Curran ant array	h				
What stops or	reduces	Support arm	by side				
Continued use	makes the pa	in Better	Worse		No Effect		
Pain at rest	Yes / N	lo (sometimes)					
Disturbed nigh	t Yes/N	lo					
Other Question	ns Painful	in all position	s at night				
Treatments thi	s episode <u>No</u>	one					
Previous episo	odes <u>No</u>	one					
Previous treatr	nents <u>No</u>	one					
Spinal history	No	one					
					<u></u>		Paraesthesia Yes / <u>N</u> o
Medications tri	ed <u>NSAID</u>	S		Effect	? helped		
Present medic	ation Nil else	9					
General health	Good						
Imaging	X-ray -	NAD					
Summary:	Acute /	Sub-acute / <u>Ch</u>	<u>ronic</u>		<u>Trauma /</u> Insia	lious onset	
Sites for physic	cal examinatio	n Shoulder	/ NECK				

Observation	Holds arm to side				
Baseline measuremen	nts (pain or functional activity) No pain				
Active Movements (no	ote symptoms and range)	PDM	ERP		
Flexion - 130° pro	duced pain		\checkmark		
Abduction 130° produced pain					
Medial and lateral rotation - 1/2 ROM, produced pain					
Passive Movement (+	-/- over pressure) (note symptoms and range):				
Flexion - 140° pro	Flexion - 140° produced pain				
Abduction 140° pr	Abduction 140° produced pain				
Medial and lateral	Medial and lateral rotation - 1/2 ROM, produced pain				
Resisted Test Respor	nse (pain)				
No effect					

Baseline symptoms	Symptom	Mechanical Response			
Active movement, passive movement, resisted test	During Movement – Produce, Abolish, Increase, Decrease, NE	After Movement – Better, Worse, NB, NW, NE	↑ ROM	↓ ROM	No Effect
Flexion	produced	NW			\checkmark
Lateral rotation	produced	NW			\checkmark
Abduction	produced	NW			\checkmark
Medial rotation	produced	NW			\checkmark
Effect of static positioning					
Other tests: eg loaded,					
compression, unloaded etc.	Imptoms Symptoms response Mecha , passive ed test During Movement – Produce, Abolish, Increase, Decrease, NE After Movement – Better, Worse, NB, NW, NE ROM produced NW Increase, NE Produced NW produced NW Increase, Decrease, NE Increase, NE produced NW Increase, NE Increase, NE produced NW Increase, NE Increase, NE produced NW Increase, NE Increase, NE istioning Increase Increase, NE Increase, NE aded, object Increase Increase, Incre				

SPINE	
Movement Loss None	
Effect of repeated movements NE	
Effect of static positioning	
Spine testing Not relevant / relevant / secondary problem	
PROVISIONAL CLASSIFICATION Peripheral	Spine
Dysfunction – Articular	Contractile
Derangement	Postural
Other	Uncertain
PRINCIPLE OF MANAGEMENT	
Education	
Exercise	Frequency
Treatment Goals	

					\cap	(·	\mathbf{i}
Date					(is	5	ל
Name 9			Sex M		And	1	En
Address					{ - { } - { }) (,\)	∇_{i}
Telephone					IVY		1
Date of Birth			Age 6	<u>30 </u>	IAA		(X)
Referral: <u>GP</u> /Ort	h/Self/(Other		<i>k</i>	SIY I	1 ///-+	-112
Work		Office job		¶	$\vee \setminus \downarrow \downarrow$	What I	
Leisure		Gym, running	9				{
Postures / Stresse	es	Sitting, sports	5			(7	1
Functional Disabil	ity from p	resent episode	Continues all		\W/	<u>\</u>	
Functional Disabil	ity score)¥{		<u>{</u>
VAS Score (0-10)					لاسالين	SYMPTOMS	
			HISTO	DRY			
Present Symptom	S	Left medial k	nee pain				
Present since		9 weeks			Improv	ring / <u>Unchanging</u> /	Worsening
Commenced as a	result of	Running				or no appai	rent reason
Symptoms at onse	et:	Medial knee					
Constant sympton	ns:			Intermit	ttent symptoms:	Left knee	
What produces or	worsens	Walking, runi	ning, night				
What stops or red	uces	Not sure					
Continued use me		oin Dotton	\\/eree	N			
Continued use ma	akes the p	ain Better	vvorse	<u>NO EI</u>	nect		
Pain at rest	<u>Yes</u> / I	WO					
Disturbed night	<u>Yes</u> /1	VO					
Other Questions							
Treatments this e	pisode N	lone					
Previous episodes	s C	Cartilage injury	3 years ago - sur	gery			
Previous treatmer	nts F	hysiotherapy -	helped				
Spinal history	Ν	lone	·				
						Paraesthesi	a Yes/No
Medications tried	None		E	Effect			
Present medicatio	n None						
General health	Good						
Imaging	X-ray	- osteoarthritis					
Summary:	Acute	/ Sub-acute / Ch	ronic	Trau	ıma / <u>Insid</u> ious	<u>onset</u>	
Sites for physical	examinati	on Knee					

EXAMINATION						
Observation Va	rus def	ormity knees				
Baseline measurements (p	oain or f	unctional activity) Mini	mal ache			
Active Movements (note s	ymptom	is and range)			PDM	ERP
Full ROM - no pain						
Passive Movement (+/- ov	er press	sure) (note symptoms and ran	ge):			
Full ROM - pain on fle	xion					\checkmark
Resisted Test Response (pain)					
Extension - produce p	ain					
Repeated Tests (choose the	he mosi	t symptomatic from above)	Minimal pain			L
Baseline symptoms		Symptor	ns response	Mecha	anical Res	sponse
Active movement, passive	•	During Movement – Produce, Abolish,	After Movement –	↑ ROM	↓ ROM	No

Effect movement, resisted test Better, Worse, NB, NW, NE Increase, Decrease, NE Flexion NE NE \checkmark $\sqrt{}$ Extension NW 1 ↑ + **Resisted extension** NW \checkmark Effect of static positioning Other tests: eg loaded, compression, unloaded etc.

SPINE	
Movement Loss None	
Effect of repeated movements NE	
Effect of static positioning	
Spine testing Not relevant / relevant / secondary problem	
PROVISIONAL CLASSIFICATION Peripheral	Spine
Dysfunction – Articular	Contractile
Derangement	_ Postural
Other	Uncertain
PRINCIPLE OF MANAGEMENT	
Education	
Exercise	Frequency
Treatment Goals	

Date					(ve)	(\cdot)	
Name	10		Sex 1	И	-)*().(
Address			00/1	••	-	$\int (\hat{\nabla} \hat{\nabla})$	
Telephone -					- 11.X.		
Date of Birth			Age	40	- / [•]	(-)	١
Referral: GP/0	Orth / Self / C	Other			- JAV		
Work		Office iob				I GP GW TI	al a
Leisure		Hockey			- • \ .		•
Postures / Stre	sses	Sitting, active	Э) } {	
Functional Disa	ability from pr	esent episode	Stopped hock	key	— \\X//		
Functional Disa	ability score	<u> </u>			\₩/	<u>}</u>	
VAS Score (0-2	10)	8-10			— (M.S.	SYMPTOMS	
, ,	,		HIS	TORY			
Present Sympt	oms	Left ankle pa	in				
Present since		1 week			Imp	proving / Unchanging / Worsen	ing
Commenced as	s a result of	Fell off bike,	landed on ankl	e/foot		or no apparent rea	son
Symptoms at o	nset:	Ankle					
Constant symp	toms:	Ankle			Intermittent sympton	ns:	
What produces	or worsens	Weight-beari	ng, movement				
What stops or i	reduces	None					
Continued use	makes the pa	ain Better	Worse		No Effect		
Pain at rest	<u>Yes</u> /N	10					
Other Question	<u>Yes</u> //	VO Dolo tight					
Treatments this	s episode <u>B</u>	andage at A &	E				
Previous episo	des <u>N</u>	one					
Previous treatn	nents <u>N</u>	one					
Spinal history	N	one					
						Paraesthesia Yes	′ No
Medications trie	ed <u>NSAID</u>	Ds		Effect	None		
Present medica	ation Nil els	e					
General health	Good						
Imaging	X-ray ·	- NAD					
Summary:	<u>Acute</u>	/ Sub-acute / Ch	nronic		<u>Trauma</u> / Insidiou	is onset	
Sites for physic	al examinatio	on					

Observation	Bruising and swelling ++ foot and ankle				
Baseline measur	ements (pain or functional activity)				
Active Movement	Active Movements (note symptoms and range)			ERP	
Dorsiflexion			\checkmark		
Plantarflexion			\checkmark		
Inversion / ev	ersion - very limited			\checkmark	
Passive Moveme	nt (+/- over pressure) (note symptoms and range):				
Inversion - ↑ p	pain			\checkmark	
Resisted Test Re	esponse (pain)				
Eversion - ↑ p	ain				

Baseline symptoms	Symptom	is response	Mechanical Respon		sponse
Active movement, passive movement, resisted test	During Movement – Produce, Abolish, Increase, Decrease, NE	After Movement – Better, Worse, NB, NW, NE	↑ ROM	↓ ROM	No Effect
Plantarflexion	↑	NW			\checkmark
Dorsiflexion	↑	NW			\checkmark
Inversion	↑	Worse		\checkmark	
Resisted eversion	1	Worse			
Effect of static positioning					
Other tests: eg loaded,					
compression, unloaded etc.					

SPINE	
Movement Loss None	
Effect of repeated movements NE	
Effect of static positioning	
Spine testing Not relevant / relevant / secondary problem	
PROVISIONAL CLASSIFICATION Peripheral	Spine
Dysfunction – Articular	Contractile
Derangement	Postural
Other	Uncertain
PRINCIPLE OF MANAGEMENT	
Education	
Exercise	_ Frequency
Treatment Goals	

Date						(ve)		(\cdot)	•
Name 11			Sex M	Λ)*().(
Address			00/ 1		- 6	25)	(5)	37
Telephone					- 11	XI			1
Date of Birth			Age	26	- /}	r - I	\mathbf{i}	1-1-1	-1.)
Referral: GP / Orth	h / Self / Ot	ther	<u> </u>		- JA	\bigvee		JA	\mathcal{M}
Work	-	Joiner					(1) 2	100	
Leisure	-	Football, golf			- · (•		1
Postures / Stresse	s	Active);{;{		18	{
Functional Disabili	ty from pre	esent episode	Stopped footb	all		\ \ \//		\¶]
Functional Disabili	ty score	•)V(\${{	
VAS Score (0-10)	-	5				لساليه	SYMPTO	ома 🎧)
	-		HIST	FORY					
Present Symptoms	S _	Left calf pain	and pins and n	eedles	in toes				
Present since	-	7 weeks				Impro	ving / <u>Un</u>	changing / V	Vorsening
Commenced as a	result of	Football						or no appare	ent reason
Symptoms at onse	et:	Calf							
Constant symptom	is:	Tingling toes			ntermittent	symptoms	Calf		
What produces or	worsens	Walking, stair	s, stretching ca	alf					
What stops or redu	uces	Better at rest							
Continued use mal	kes the pa	in Better	Worse		No Effect				
Pain at rest	Yes <u>/ N</u>	<u>o</u>							
Disturbed night	Yes <u>/ N</u>	<u>o</u>							
Other Questions	Pins ar	nd needles has	had before						
Treatments this ep	oisode No	one							
Previous episodes	No.	one							
Previous treatment	ts								
Spinal history	Sli	ipped disc 3 ye	ears ago						
								Paraesthesia	Yes / No
Medications tried	None			Effect					
Present medication	n None								
General health	Good								
Imaging	None								
Summary:	Acute /	Sub-acute / Chi	ronic		Trauma /	/ Insidious	onset		
Sites for physical e	examinatio	n Leg / back	?						

EXAMINATION				
Observation	NAD			
Baseline measurer	ments (pain or functional activity) No pain			
Active Movements	(note symptoms and range)	PDM	ERP	
Dorsiflexion - minor loss ROM - produce pain				
Plantarflexion -	produce pain	\checkmark		
Passive Movemen	t (+/- over pressure) (note symptoms and range):			
Dorsiflexion - fu	ull ROM - produce pain		\checkmark	
Plantarflexion -	NE			
Resisted Test Res	ponse (pain)			
Plantarflexion -	produce pain ++			

None

Baseline symptoms Symptoms response Mechanical Response During Movement -No Active movement, passive After Movement -**↓**ROM Produce, Abolish, **↑**ROM movement, resisted test Better, Worse, NB, NW, NE Effect Increase, Decrease, NE Dorsiflexion NW $\sqrt{}$ produces $\sqrt{}$ NW Plantarflexion produces NW $\sqrt{}$ Resisted plantarflexion produces Effect of static positioning Other tests: eg loaded, compression, unloaded etc.

SPINE	
Movement Loss None	
Effect of repeated movements NE	
Effect of static positioning NE	
Spine testing Not relevant / relevant / secondary problem	
PROVISIONAL CLASSIFICATION Peripheral	Spine
Dysfunction – Articular	_ Contractile
Derangement	Postural
Other	Uncertain
PRINCIPLE OF MANAGEMENT	
	Frequency
Treatment Goals	

Date			(*e)	{ · }
Name 12		Sex M	-)*().(
Address		COX III		$(\widehat{\mathbf{x}},\widehat{\mathbf{y}})$
Telephone			- 11.3.7	
Date of Birth		Age 38	— / [·]	(-h)
Referral: <u>GP</u> / Orth / Self / Ot	her	v	-1/1	
Work	Driver			
Leisure	5-aside football		_ ` \ 🍋	
Postures / Stresses	Sitting / driving			
Functional Disability from pre	sent episode St	opped football		$\left(\frac{1}{2} \right)$
Functional Disability score)¥(
VAS Score (0-10)	4		لسالي	SYMPTOMS
		HISTORY		
Present Symptoms	Left thigh and kn	ee		
Present since	2 months		Impro	oving / Unchanging / <u>Worsening</u>
Commenced as a result of	Football, twisted	leg		or no apparent reason
Symptoms at onset:	Thigh			
Constant symptoms:			Intermittent symptoms	: All
What produces or worsens	Prolonged sitting	, stairs, moveme	nt	
What stops or reduces	Rest, heat			
Continued use makes the pai	n Better	Worse	No Effect	
Pain at rest Yes / <u>Ne</u>	2			
Disturbed night Yes / No	2			
Other Questions 4 years	ago left ACL repa	air; 15 years ago	fracture of left femur	
Treatments this episode No	ne			
Previous episodes No	ine			
Previous treatments No	ne - rehab post-c	ruciate repair		
Spinal history No	ne			
	-			Paraesthesia Yes / No
Medications tried None		Effec	t	
Present medication None				
General health Good				
Imaging None				
	Sub couto / Chronie		Trauma / Insidious	onsot
Summary. Acute / S	Sub-acule / Chilonia		Trauma / misiaious	0/1301

EXAMINATION						
Observation	bservation Some swelling left knee; not fully weight-bearing					
Baseline measur	ements (pain or functional activity) No pain					
Active Movemen	ts (note symptoms and range)	PDM	ERP			
Knee flexion -	\checkmark					
Knee extension	on - some loss of ROM, pain					
Passive Moveme	ent (+/- over pressure) (note symptoms and range):					
Knee flexion -	- some loss of ROM, pain	\checkmark				
Knee extension	on - some loss of ROM, pain					
Resisted Test Re	esponse (pain)					
NE						

No pain

Baseline symptoms	Symptom	s response Mechanical Res		sponse	
Active movement, passive movement, resisted test	During Movement – Produce, Abolish, Increase, Decrease, NE	After Movement – Better, Worse, NB, NW, NE	↑ ROM	↓ ROM	No Effect
Flexion	Produced knee pain	NW			\checkmark
Extension	Produced thigh pain	NW			\checkmark
Medial rotation			\checkmark		
Effect of static positioning					
Other tests: eg loaded,					
compression, unloaded etc.					

SPINE								
Movement Loss								
Effect of repeated movements Tested								
Effect of static positioning								
Spine testing Not relevant / relevant / secondary								
PROVISIONAL CLASSIFICATION Peripheral	Spine							
Dysfunction – Articular	Contractile							
Derangement	Postural							
Other	Uncertain							
PRINCIPLE OF MANAGEMENT Education								
Exercise	Frequency							
Treatment Goals								

Date		(ve)	(\cdot)
Name 13	Sex M	کې ().(
Address			$(\widehat{\gamma}, \widehat{\gamma})$
Telephone			
Date of Birth	Age 18	— (I·J)	(-)
Referral: <u>GP</u> / Orth / Self / Or	her		Minh
Work	School		Gud Gud
Leisure	Rugby	· • • • • • • • • • • • • • •	
Postures / Stresses	Sitting, plus active, rugby X 4 a	week /ivi	185
Functional Disability from pre	sent episode Stopped rugby		\ { /
Functional Disability score)¥{	<u>}</u> }{{
VAS Score (0-10)	6	SYMP	TOMS
	HISTOR	Y	
Present Symptoms	Left anterior thigh		
Present since	5 days	Improving / _	<u> Jnchanging</u> / Worsening
Commenced as a result of	Hit in thigh during rugby		_ or no apparent reason
Symptoms at onset:	Thigh		
Constant symptoms:	Thigh	Intermittent symptoms:	
What produces or worsens	Walking, in morning stiff and pa	inful	
What stops or reduces	Rest, positioning mid knee/hip f	lexion	
Continued use makes the pa	in Better <u>Worse</u>	No Effect	
Pain at rest Yes / N	2		
Disturbed night Yes / N	2		
Other Questions			
Treatments this episode Us	ina ice		
Previous episodes No	ine		
Previous treatments			
Spinal history No	one		
			Paraesthesia Yes / N o
Medications tried None	Eff	ect	—
Present medication None			
General health Good			
Imaging None			
Summary: <u>Acute</u> /	Sub-acute / Chronic	<u>Trauma</u> / Insidious onset	
Sites for physical examinatio	h Hip / knee / thigh		

EXAM	NAT	ION
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Observation	Swelling anterior thigh			
Baseline measure	ments (pain or functional activity) No pain			
Active Movements	(note symptoms and range)	P	PDM	ERP
Knee extension	1		\checkmark	
Knee flexion				\checkmark
Passive Movemen	t (+/- over pressure) (note symptoms and range):			
Knee extension	n - no pain			
Knee flexion				
Resisted Test Res	ponse (pain)			
Knee extension	n - pain			

Baseline symptoms	Symptom	Mechanical Response			
Active movement, passive movement, resisted test	During Movement – Produce, Abolish, Increase, Decrease, NE	After Movement – Better, Worse, NB, NW, NE	∱ ROM	↓ ROM	No Effect
Flexion	↑ NW				\checkmark
Extension	1	NW			\checkmark
Resisted knee extension	1	W			\checkmark
Effect of static positioning					
Other tests: eg loaded,					
compression, unloaded etc.					

Movement Loss	SPINE	
Effect of repeated movements Effect of static positioning Spine testing Not relevant / relevant / secondary PROVISIONAL CLASSIFICATION Peripheral Spine Dysfunction – Articular Contractile Derangement Postural Other Uncertain PRINCIPLE OF MANAGEMENT Education Everypice Frequency	Movement Loss	
Effect of static positioning	Effect of repeated movements	
Spine testing Not relevant / relevant / secondary PROVISIONAL CLASSIFICATION Peripheral Spine Dysfunction – Articular Contractile Derangement Postural Other Uncertain PRINCIPLE OF MANAGEMENT Education Evereing Frequency	Effect of static positioning	
PROVISIONAL CLASSIFICATION Peripheral Spine Dysfunction – Articular Contractile Derangement Postural Other Uncertain PRINCIPLE OF MANAGEMENT Education Everging Frequency	Spine testing Not relevant / relevant / secondary	
Dysfunction – Articular Contractile Derangement Postural Other Uncertain PRINCIPLE OF MANAGEMENT Education Evereine	PROVISIONAL CLASSIFICATION Peripheral	Spine
Derangement Postural Other Uncertain Uncertain	Dysfunction – Articular	Contractile
OtherUncertain PRINCIPLE OF MANAGEMENT Education	Derangement	Postural
PRINCIPLE OF MANAGEMENT Education Everging	Other	Uncertain
Evereigo Erequency	PRINCIPLE OF MANAGEMENT Education	
	Exercise	Frequency
Treatment Goals	Treatment Goals	

Date				•	(~p)	(\cdot)	
Name	14		Sex M).().(
Address							
Telephone					XII		
Date of Birth			Age 57	(- 2)	(1)	()
Referral: GP/	Orth / Self / O	ther			\bigvee \mathbb{N}	Min	
Work		Crane opera	tor			"led	
Leisure		Swimming		\			
Postures / Stre	esses	Sitting, lifting		{	idil	101	
Functional Dis	ability from pr	esent episode	Off work	\	.W/	\. <u></u> {/	
Functional Dis	ability score) ¥ ()}}	
VAS Score (0-	·10)	6		{	symi (سنال	ртомз ОО	
			HISTOR	Y			
Present Symp	toms	Right should	er				
Present since		5 weeks			Improving /	′ Unchanging / Wo	rsening
Commenced a	as a result of	Pulled arm w	hen working crane			or no apparent	t reason
Symptoms at o	onset:	Right should	er				
Constant symp	otoms:			Intermittent sy	/mptoms: <u>Rig</u>	ht shoulder	
What produce:	s or worsens	Swimming, u	sing arm				
What stops or	reduces	Heat, rest					
Continued use	e makes the pa	ain Better	Worse	No Effect			
Pain at rest	Yes / <u>N</u>	<u>lo</u>					
Disturbed nigh	nt Yes / <u>N</u>	<u>lo</u>					
Other Question	ns						
Treatments thi	is enisode H	eat rub					
Previous episo	odes						
Previous treat	ments						
Spinal history	D	iscectomv lum	bar spine 15 years	ago			
						Paraesthesia	(es / No
Medications tri	ied None		Effe	ect			,
Present medic	ation None						
General health	n Good						
Imaging	None						
Summary:	Acute /	Sub-acute / Cl	nronic	<u>Trauma / I</u>	nsidious onset		
Sites for physic	cal examinatio	on Neck, sho	oulder				

EXAMINATION			
Observation	tion Poor posture		
Baseline measure	ments (pain or functional activity) No pain		
Active Movements	s (note symptoms and range)	PDM	ERP
Flexion produc	ed pain		\checkmark
Medial Rotatio	n - reduced ROM, produced pain ++	√	
Passive Movemer	t (+/- over pressure) (note symptoms and range):		
Flexion produc	ed pain		
Medial Rotatio	n - reduced ROM, produced pain ++		\checkmark
Resisted Test Res	sponse (pain)		
All movements	produced pain		

Baseline symptoms	Symptom	Mechanical Response			
Active movement, passive movement, resisted test	During Movement – Produce, Abolish, Increase, Decrease, NE	After Movement – Better, Worse, NB, NW, NE	↑ ROM	↓ ROM	No Effect
Flexion	produced	NW			\checkmark
Medial rotation	produced	NW			
Effect of static positioning					
Other tests: eg loaded,					
compression, unloaded etc.					

SPINE	
Movement Loss No loss	
Effect of repeated movements No effect	
Effect of static positioning	
Spine testing Not relevant / relevant / secondary	
PROVISIONAL CLASSIFICATION Peripheral	Spine
Dysfunction – Articular	Contractile
Derangement	Postural
Other	Uncertain
PRINCIPLE OF MANAGEMENT Education	
Exercise	Frequency
Treatment Goals	

Date					(م.م)	$\langle \cdot \rangle$
Name	15		Sex I	М		
Address					$(1, \{1, 1\}, 1)$	$(\mathbf{V} \mathbf{V})$
Telephone						
Date of Birth			Age	26	$-1k^{-}k^{-}$	
Referral: <u>GP</u> /	Orth / Self / O	ther			$-\lambda(1 \times 1)$	$\left(\left 1 \right \right)$
Work		Office job				
Leisure		Football				
Postures / Stre	esses	Sitting				
Functional Dis	ability from pr	esent episode	Stopped play football	ing	\W/	\.}./
Functional Dis	ability score	<u> </u>			—)¥(
VAS Score (0-	10)	4-6			السالية	SYMPTOMS (
, , , , , , , , , , , , , , , , , , ,	,		HIS	TORY		
Present Sympt	toms	Left lateral k	nee pain			
Present since		14 days	·		Improvi	ng / <u>Unchanging</u> / Worsening
Commenced a	is a result of	Twisted leg	when playing fo	otball		or no apparent reason
Symptoms at onset:		Left lateral k	nee pain			
Constant symptoms:		Left lateral k	nee pain		Intermittent symptoms:	
What produces	s or worsens	Weight beari	ing, moving kne	e		
What stops or	reduces	Rest knee se	emi-flexed posit	ion		
Continued use	makes the pa	nin Bottor	Worso		No Effect	
Pain at rest			<u>worse</u>			
Disturbed nigh	$\frac{1es}{1}$	lo				
Other Question	ns <u>103</u> /10					
Treatments thi	s episode <u>N</u>	one				
Previous episo	odes <u>N</u>	one				
Previous treatr	ments <u>N</u>	one				
Spinal history	<u>N</u>	one				
						_ Paraesthesia Yes / No
Medications tri	ied <u>NSAID</u>	S		Effect	Not helping	
Present medic	ation Nil else	Э				
General health	News					
imaging	inone	0			T	
Summary:	/ Acute	<u>Sub-acute /</u> C/	nronic		<u>I rauma /</u> Insidious or	iset
Sites for physic	cal examinatio)rı				

Observation	Dbservation Some knee swelling, holds knee slightly flexed		
Baseline measurer	nents (pain or functional activity)		
Active Movements	(note symptoms and range)	PDM	ERP
Flexion - full rai	nge, pain	\checkmark	
Extension - min	or loss ROM, pain		\checkmark
Passive Movement	t (+/- over pressure) (note symptoms and range):		
Flexion - full range, pain			
Extension - min	Extension - minor loss ROM, pain		
	/ · · · ·		
Resisted Test Res	ponse (pain)		
No effect			

Baseline symptoms	Symptoms response			Mechanical Response		
Active movement, passive movement, resisted test	During Movement – Produce, Abolish, Increase, Decrease, NE	After Movement – Better, Worse, NB, NW, NE	↑ ROM	↓ ROM	No Effect	
Flexion	↑ NW				\checkmark	
Extension	\downarrow	Better	\checkmark			
Effect of static positioning						
Other tests: eg loaded,						
compression, unloaded etc.						

SPINE	
Movement Loss None	
Effect of repeated movements No effect	
Effect of static positioning	
Spine testing Not relevant / relevant / secondary	
PROVISIONAL CLASSIFICATION Peripheral	Spine
Dysfunction – Articular	Contractile
Derangement	Postural
Other	Uncertain
PRINCIPLE OF MANAGEMENT	
Education	
Exercise	Frequency
Treatment Goals	

Date					(•_r)	(·)	
Name	16		Sex M		ji		
Address				(1.1.1	$(\mathcal{V} \mathcal{V})$	
Telephone)	VU		
Date of Birth			Age 32	2	K - X	$) (2 > 0^{\circ})$	
Referral: GP/	Orth / Self / O	ther],[1×1) / / (+))	5
Work		Computer oper	rator	W			5
Leisure		Active sports				$\gamma \gamma \gamma$	
Postures / Stre	esses	Sitting plus act	ivity		1101	1 4 5	
Functional Dis	ability from pre	esent episode	Stopped sportin	g	W/	$\Lambda \Lambda$	
Functional Dis	ability score	·	,) ¥ (SYMPTONS	
VAS Score (0-	10)	4-6			لمتعالينا	STMPTOMS	
			HISTO	RY			
Present Sympt	toms	Right shoulder	/ arm				
Present since		2 months			Impro	ving / <u>Unchanging</u> / Worsenii	ng
Commenced a	is a result of	Lots of decorat	ting with arm ov	erhead		or no apparent reas	on
Symptoms at onset:		Right shoulder	/ arm pain				
Constant symptoms:				Intermitter	nt symptoms:	Right shoulder / arm pair	n
What produces	s or worsens	Backhand mov	vement at squas	h, driving car,	leaning on	arm	
What stops or	reduces	Resting arm by	/ side				
		. .					
Continued use	makes the pa	in Better	Worse	No Effec	t		
Pain at rest	Yes / <u>N</u>	<u>o</u>					
Other Question	nt Yes <u>/N</u>	<u>o</u> tiff but no poin					
	IS INCCES	un but no pain					
Treatments thi	s episode <u>No</u>	one					
Previous episo	odes <u>No</u>	one					
Previous treatr	ments No	one					
Spinal history	No	one					
						Paraesthesia Yes / I	Vo
Medications tri	ed None		E	ffect			
Present medic	ation None						
General health	Good						
Imaging	None						
Summary:	Acute /	Sub-acute / Chro	<u>nic</u>	Trauma	a ?/ Insidious	onset	
Sites for physic	cal examinatio	n Shoulder, n	eck				

EXAMINATION					
Observation	oservation Poor posture				
Baseline measure	ements (pain or functional activity) No pain				
Active Movement	s (note symptoms and range)	PDM	ERP		
Medial rotation	Medial rotation - loss ROM, produces pain ++				
Abduction - produces pain ++					
Passive Moveme	nt (+/- over pressure) (note symptoms and range):				
Medial rotation	n - loss ROM, produces pain	\checkmark			
Abduction - pr	roduces pain	N			
Resisted Test Re	sponse (pain)				
No effect					

Baseline symptoms	Symptom	Mechanical Response			
Active movement, passive movement, resisted testDuring Movement – Produce, Abolish, Increase, Decrease, NEAfter Movement – Better, Worse, NB, NW, NE		∱ROM	↓ ROM	No Effect	
Abduction	Produced	Worse		\checkmark	
Medial rotation	Decrease	Better			
Effect of static positioning					
Other tests: eg loaded,					
compression, unloaded etc.					

SPINE	
Movement Loss None	
Effect of repeated movements No effect	
Effect of static positioning	
Spine testing Not relevant / relevant / secondary	
PROVISIONAL CLASSIFICATION Peripheral	Spine
Dysfunction – Articular	Contractile
Derangement	Postural
Other	Uncertain
PRINCIPLE OF MANAGEMENT	
Education	
Exercise	Frequency
Treatment Goals	

Date			(ve)	(\cdot)
Name 17		Sex F	پتر).(
Address				
Telephone				
Date of Birth		Age 17	- (I·I)	(2)
Referral: <u>GP</u> /Orth/S	elf / Other			(/ Jank
Work	School stude	ent		
Leisure	Tennis			
Postures / Stresses	Sitting			101
Functional Disability fr	om pr <u>esent episode</u>	Stopped tennis	\W/	\mathbf{X}
Functional Disability se	core)¥(
VAS Score (0-10)	8			IMPTOMS
		HISTORY		
Present Symptoms	Right arm pa	ain		
Present since	2 months		Improving	g / <u>Unchanging /</u> Worsening
Commenced as a resu	It of Fell and land	ded on outstretched an	n	or no apparent reason
Symptoms at onset:				
Constant symptoms:			Intermittent symptoms:	Right arm pain
What produces or wor	sens Leaning on a	arm, arm activity		
What stops or reduces	Rest			
Continued use makes	the pain Better	Worse	No Effect	
Pain at rest Y	/es / No	<u></u>		
Disturbed night Y	′es / <u>No</u>			
Other Questions				
	La Nono			
Provious episodes				
Previous episodes	None			
Previous treatments	None			
Spinar history	none			Paraosthosia, Vos / No
Medications tried N	ISAIDs	Effect	Helped now NE	Falaesillesia Tes/NO
Present medication N	lil else			
General health	Good			
Imaging X	-ray shoulder and c	clavicle - NAD		
Summary: A	cute / Sub-acute / <u>Ch</u>	ironic	<u>Trauma</u> / Insidious ons	et
Sites for physical exan	nination			

Observation		
Baseline measurements (pain or functional activity) No pain		
Active Movements (note symptoms and range)	PDM	ERP
Flexion - produced pain		\checkmark
Abduction - produced pain		\checkmark
Lateral Rotation - decreased ROM, produced pain	\checkmark	
Passive Movement (+/- over pressure) (note symptoms and range):		
Flexion - produced pain	\checkmark	
Abduction - produced pain	\checkmark	
Lateral Rotation - full ROM, produced pain	\checkmark	
Resisted Test Response (pain)		
Abduction produced pain ++		
Lateral rotation produced pain		

Baseline symptoms	Symptom	Mechanical Response			
Active movement, passive movement, resisted test	ssive During Movement – Produce, Abolish, Increase, Decrease, NE After Movement – Better, Worse, NB, NW, NE		↑ ROM	↓ ROM	No Effect
Flexion	produced	NW			\checkmark
Abduction	produced	NW			\checkmark
Lateral rotation	produced	NW			\checkmark
Resisted abduction	produced ++	NW			\checkmark
Effect of static positioning					
Other tests: eg loaded,					
compression, unloaded etc.					

SPINE	
Movement Loss None	
Effect of repeated movements No effect	
Effect of static positioning	
Spine testing Not relevant / relevant / secondary	
PROVISIONAL CLASSIFICATION Peripheral	Spine
Dysfunction – Articular	Contractile
Derangement	Postural
Other	Uncertain
PRINCIPLE OF MANAGEMENT	
Education	
Exercise	Frequency
Treatment Goals	

Date					(ve)		(\cdot)
Name 18	8		Sex M	Λ	<u> </u>).(
Address	•		00/1		(1)	Ċ,	$(\widehat{\gamma}, \widehat{\gamma})$
Telephone							
Date of Birth			Aae	30			(-)
Referral: GP / Or	th / Self / Ot	ther	5.		J/		
Work	-	Office work				1624	
Leisure	-	Running				/ ```	
Postures / Stress	es	Sitting, runni	ng				1-2 (
Functional Disabi	lity from pre	esent episode	Very limited r	unning		1	$\left(\frac{1}{2} \right)$
Functional Disabi	lity score	•			<u>}</u> ¥{		<u>}</u> }{{
VAS Score (0-10))	4			(ului)	SYMPTON	ns ()()
			HIS	FORY	-		
Present Symptom	ns _	Left posterior	· thigh				
Present since	-	7 weeks			Imp	proving / <u>Uncl</u>	<u>nanging</u> / Worsening
Commenced as a	a result of	Whilst sprinti	ng - felt discom	fort		0	r no apparent reason
Symptoms at ons	et:	Left posterior	[•] thigh				
Constant symptom	ms:			Inte	ermittent symptor	ns: Left pos	sterior thigh
What produces of	r worsens	Running, wal	king (especially	/ if past), s	sitting on hard s	eat	
What stops or rec	duces	Rest					
Continued use m	akes the na	in Better	Worse	N	lo Effect		
Pain at rest	Yes / N	0	110100				
Disturbed night	Yes / N	<u> </u>					
Other Questions		-					
Treatments this e	pisode <u>No</u>	one					
Previous episode	s <u>No</u>	one					
Previous treatme	nts <u>No</u>	one					
Spinal history	No	one					
	Nono			F #cot		Pa	raesthesia Yes / No
Medications tried	None			Effect			
Present medicatio	Dicheti	a diat control	llad				
	Nono						
iniaging Summory		Sub-20110 / Ch	ronio		Trauma / Incidio:	is onsof	
Sites for physical	Acute /	n Knee hin	lumbar spipe	-	<u>i rauma</u> / msialot	IS UNSEL	

EXAMINATION			
Observation	NAD		
Baseline measurem	nents (pain or functional activity) None		
Active Movements ((note symptoms and range)	PDM	ERP
Knee flexion - p	roduced pain	\checkmark	
Hip extension -	produced pain	\checkmark	
Hip flexion with	knee extension - produced pain		\checkmark
Passive Movement	(+/- over pressure) (note symptoms and range):		
Hip flexion with	knee extension - produced pain		
Resisted Test Resp	onse (pain)		
Knee flexion - p	roduced pain +		
Hip extension -	produced pain		
			1

Baseline symptoms

No pain

Mechanical Response

Active movement, passive movement, resisted test	During Movement – Produce, Abolish, Increase, Decrease, NE	After Movement – Better, Worse, NB, NW, NE	↑ ROM	↓ ROM	No Effect
Hip all movements in lying	No effect				\checkmark
Knee all movements	No effect				
Resisted knee flexion	Produced	NW			
Effect of static positioning					
Other tests: eg loaded,					
compression, unloaded etc.					

Symptoms response

SPINE	
Movement Loss None	
Effect of repeated movements No effect	
Effect of static positioning	
Spine testing Not relevant / relevant / secondary	
PROVISIONAL CLASSIFICATION Peripheral	Spine
Dysfunction – Articular	Contractile
Derangement	Postural
Other	Uncertain
PRINCIPLE OF MANAGEMENT Education	
Exercise	Frequency
Treatment Goals	

Date						**		\bigcirc
Name	19		Sex F	:	_)*{).(
Address			CCA :		- 6	25	\	$(\widehat{\gamma}, \widehat{\gamma})$
Telephone _					- 11	XI	[
Date of Birth			Age	60	- / K	• 7		(-)
Referral: GP/C	Orth / Self / O	ther			-]/[`		I	
Work	·	Office work					Lip Gu	
Leisure	-	Golf			- * \	1/	vv	
Postures / Stres	sses	Sitting, walkir	ng		-)) { (
Functional Disa	bility from pre	esent episode	Slightly less a	ctive	- \	XXI /		
Functional Disa	bility score	ł			-	V/		<u>}</u> {} {
VAS Score (0-1	0)	4			- (لتتعاليه	SYMPTOM	s (j(j
	· ·		HIST	TORY	_			
Present Sympto	oms	Left anterior a	and lateral thigh	า				
Present since	-	10 months				Improv	ring / <u>Unch</u>	anging / Worsening
Commenced as	s a result of						<u>_</u>	no apparent reason
Symptoms at or	nset:	Left anterior t	high					
Constant sympt	toms:			In	termittent sy	mptoms:	Left ante	erior / lateral thigh
What produces	or worsens	Walking, star	ding					
What stops or re	educes	Sitting						
Continued use (makes the na	in Better	Worse		No Effect			
Pain at rest	Yes / N	0	110100					
Disturbed night	Yes / N	<u>-</u> 0						
Other Question:	s	-						
I reatments this	episode <u>No</u>	one						
Previous episod	des <u>No</u>	one						
Previous treatm	ients <u>No</u>	one						
Spinal history		3P - many epic	sdes					
Medications trie	d None			Effect			_ Pa	raesthesia Yes / <u>N</u> o
Present medica	ation None							
General health	Good							
Imaging	None							
Summary:	Acute /	Sub-acute / Chi	onic		Trauma / Ir	nsidious	onset	
Sites for physic	al examinatio	n Hip, lumb:	ar spine					
2		<u> </u>						

EXAMINATION			
Observation	Poor posture		
Baseline measure	ements (pain or functional activity) None		
Active Movement	s (note symptoms and range)	PDM	ERP
Flexion - reduced ROM, produced pain		PDM ERI √ 	
Passive Moveme	nt (+/- over pressure) (note symptoms and range):		
Flexion, media	al rotation - reduced ROM, produced pain		\checkmark
Extension - pr	oduced pain		\checkmark
Resisted Test Re	sponse (pain)		
Hip movemen	ts - no effect		

Baseline symptoms	Symptom	is response	Mecha	inical Res	sponse
Active movement, passive movement, resisted test	During Movement – Produce, Abolish, Increase, Decrease, NE	After Movement – Better, Worse, NB, NW, NE	↑ ROM	↓ ROM	No Effect
Hip flexion	produced	NW			\checkmark
Hip medial rotation	produced	NW			\checkmark
Hip extension	produced	NW			\checkmark
Effect of static positioning					
Other tests: eg loaded,					
compression, unloaded etc.					

SPINE	
Movement Loss None	
Effect of repeated movements No effect	
Effect of static positioning	
Spine testing Not relevant / relevant / secondary problem	
PROVISIONAL CLASSIFICATION Peripheral	Spine
Dysfunction – Articular	Contractile
Derangement	Postural
Other	Uncertain
PRINCIPLE OF MANAGEMENT	
Education	
Exercise	_ Frequency
Treatment Goals	

Date						(•,e)		$\left(\cdot \right)$
Name	20		Sex M		_).().(
Address						36.1)	
Telephone						X		
Date of Birth			Age 2	25	_ (·À		(2)
Referral: GP/0	Orth / <u>Self /</u> O	ther			_][(Υľ	\mathcal{V}	(1-1)
Work		Student					1 4 4 V	
Leisure		Squash, arche	ery		_ \		-	
Postures / Stres	sses	Sitting			_ /	ivil		105
Functional Disa	bility from pre	esent episode	Stopped sport		_ \	W/		\. \ .
Functional Disa	bility score)		
VAS Score (0-1	0)	5-7			_ (لتتعالين	SYMPTON	
			HISTO	DRY				
Present Sympto	oms	Right shoulde	r and scapular p	ain				
Present since		4 months				Impro	ving / <mark>Unch</mark>	n <mark>anging</mark> / Worsening
Commenced as	s a result of	Archery					0	^r no apparent reason
Symptoms at or	nset:	Right shoulde	r and scapular p	ain				
Constant sympt	toms:			<u> </u>	ntermittent s	ymptoms:	Right sh scapula	oulder and r pain
What produces	or worsens	Abduction arm	n, hand behind b	oack, lo	ooking over	right sho	oulder	
What stops or r	educes	Avoiding aggr	avating moveme	ents				
Continued use	makes the pa	in Better	Worse		No Effect			
Pain at rest	Yes <u>/ N</u>	<u>o</u>						
Disturbed night	Yes / <u>N</u>	<u>o</u>						
Other Question	s							
Treatments this	episode <u>Ic</u>	e shoulder self-	management					
Previous episod	des <u>M</u>	any episodes o	ver last 4 years,	some	times spont	taneously	y resolves	after 2-3 months
Previous treatm	nents Ex	ercises, mobili	sation, machine	s on sl	noulder - gr	adually r	esolves ov	ver 2-3 months
Spinal history	No	ot sure						
							Pa	raesthesia Yes/No
Medications trie	d Various	6	E	ffect	No effect			_
Present medica	ation Parace	tamol sometim	es					
General health	Good							
Imaging	Neck a	nd shoulder x-r	ay - NAD					
Summary:	Acute /	Sub-acute / <u>Chro</u>	onic		Trauma / <u>I</u>	<u>nsidious</u>	onset?	
Sites for physic	al examinatio	n Neck, shou	ulder					

Observation	Poor posture, shoulder protracted		
Baseline measure	ements (pain or functional activity) None		
Active Movement	ts (note symptoms and range)	PDN	ERP
All shoulder m	novements produced pain, no loss ROM		\checkmark
Passive Moveme	nt (+/- over pressure) (note symptoms and range):		
No effect			
Resisted Test Re	esponse (pain)		
No effect			

Repeated Tests (choose the most symptomatic from above)

Baseline symptoms	Symptom	s response	s response Mechanical Respon		
Active movement, passive movement, resisted test	During Movement – Produce, Abolish, Increase, Decrease, NE	After Movement – Better, Worse, NB, NW, NE	↑ ROM	↓ ROM	No Effect
All shoulder movements	Produce	NW			\checkmark
Effect of static positioning					
Other tests: eg loaded,					
compression, unloaded etc.					

SPINE

Movement Loss Retraction, extension - reduced ROM	
Effect of repeated movements Retraction with OP produ	uced, decreased, better; increased ROM
Effect of static positioning	
Spine testing Not relevant / relevant / secondary problem	
PROVISIONAL CLASSIFICATION Peripheral	Spine
Dysfunction – Articular	Contractile
Derangement	Postural
Other	Uncertain
PRINCIPLE OF MANAGEMENT	
Education	
Exercise	Frequency
Treatment Goals	

Date					(~,r)	(\cdot)	
Name	21		Sex I	F	_ بنر		
Address						\mathbf{G}	
Telephone							
Date of Birth			Age	53		A) (2)	
Referral: GP/	Orth / <u>Self</u> /	O <u>ther</u>			$- l (\downarrow)$	N/ // J	
Work		Retired					AP -
Leisure		Golf					
Postures / Stre	esses	Sitting, golf 3	3 x a week		-	\ / \ \	
Functional Dis	ability from p	resent episode	Stopped golf		\W/	/ \.\/	
Functional Dis	ability score)¥()}}	
VAS Score (0-	-10)	7				SYMPTOMS	
			HIS	TORY			
Present Symp	toms	Right arm pa	iin				
Present since					Imj	proving / <u>Unchanging</u> / Worse	ning
Commenced a	as a result of	Turning over	in bed?			or no apparent rea	ason
Symptoms at o	onset:	Right arm pa	iin				
Constant symp	ptoms:				Intermittent sympton	ms: Right arm pain	
What produce	s or worsens	Arm moveme	ents, golf				
What stops or	reduces	Rest, ice					
Continued use	e makes the p	ain Better	<u>Worse</u>		No Effect		
Pain at rest	Yes <u>/ I</u>	<u>No</u>					
Disturbed nigh	nt <u>Yes</u> /	No					
Other Questio	ns						
Treatments thi	is episode N	None					
Previous episo	odes N	None					
Previous treat	ments N	None					
Spinal history	1	None					
, ,						Paraesthesia Yes	/ N o
Medications tr	ied NSAII	D cream		Effect	No effect		
Present medic	ation None						
General health	n <u>Goo</u> d						
Imaging	No						
Summary:	Acute	/ <u>Sub-acute /</u> Cł	nronic		<u>Trauma</u> ?/ Insidi	ous onset	
Sites for physi	cal examinati	ion Shoulder,	neck				

Observation	Cradles arm			
Baseline measuremer	nts (pain or functional activity) No pain			
Active Movements (no	ote symptoms and range)	PDM	ERP	
Shoulder flexion a	nd abduction - produced pain	\checkmark		
Shoulder medial r	otation - reduced ROM, produced pain	\checkmark		
Elbow flexion - produced pain				
Passive Movement (+	/- over pressure) (note symptoms and range):			
No effect				
Resisted Test Respon	ise (pain)			
Shoulder flexion - produced pain ++				
Elbow flexion - pro	oduced pain ++			

Repeated Tests (choose the most symptomatic from above)

No pain

Baseline symptoms Symptoms response Mechanical Response During Movement -Active movement, passive After Movement -No Produce, Abolish, **↑**ROM **↓**ROM movement, resisted test Better, Worse, NB, NW, NE Effect Increase, Decrease, NE Shoulder flexion NW produced $\sqrt{}$ Shoulder abduction NW produced $\sqrt{}$ Shoulder medial rotation produced NW $\sqrt{}$ Resisted shoulder and NW produced ++ $\sqrt{}$ elbow flexion Effect of static positioning Other tests: eg loaded, compression, unloaded etc.

SPINE	
Movement Loss None	
Effect of repeated movements No effect	
Effect of static positioning	
Spine testing Not relevant / relevant / secondary problem	1
PROVISIONAL CLASSIFICATION Peripheral	Spine
Dysfunction – Articular	Contractile
Derangement	Postural
Other	Uncertain
PRINCIPLE OF MANAGEMENT	
Education	
Exercise	Frequency
Treatment Goals	

Date					(• •	(\cdot)
Name	22		Sex F	=	ر –	₹{).(
Address						1	$(\widehat{\gamma}, \widehat{\gamma})$
Telephone					- 11:	R II	11 11
Date of Birth			32		- / [· 11	(-)
Referral: GP/	Orth / Self / O	ther			- J/N	\checkmark	
Work		Post-woman					Paulti
Leisure		Golf			- · \	$\left\{ \right\}$	
Postures / Stre	sses	Walks a lot					185
Functional Disa	ability from pre	esent episode	Affected golf		_ \'	N//	$\left(\frac{1}{2} \right)$
Functional Disa	ability score				}	Υ{	<u>}</u> }{{
VAS Score (0-	10)	3				s) (تيار	
			HIS	TORY			
Present Sympt	oms	Right elbow	pain				
Present since		4 months				_Improving	g / <u>Unchanging /</u> Worsening
Commenced a	s a result of	Fell onto out	stretched hand				or no apparent reason
Symptoms at c	onset:	Right elbow	pain				
Constant symptoms:					Intermittent syr	nptoms: F	Right elbow pain
What produces	s or worsens	Arm activities	S				
		Desting arm	in flowed positiv				
what stops or	reduces	Resulty and	in nexed positio				
Continued use	makes the pa	in Better	Worse		No Effect		
Pain at rest	Yes/ <u>N</u>	<u>o</u>					
Disturbed night	t Yes/ <u>N</u>	<u>o</u>					
Other Question	าร						
	o onico do . Né	200					
Provious opios							
Previous episo	nanta N						
Spinol history	Fr	oisodes peck r	ain				
Spinal history	<u> </u>		Jain				Paraesthesia Ves / No
Medications tri	ed None			Effect			
Present medic	ation None						
General health	Good						
Imaging	X-ray N	NAD					
Summary:	Acute /	Sub-acute / <u>Ch</u>	ronic		<u>Trauma /</u> In	sidious ons	et
Sites for physic	cal examinatio	n Elbow					

EXAMINATION		
Observation		
Baseline measurements (pain or functional activity) No pain		
Active Movements (note symptoms and range)	PDM	ERP
Elbow flexion - full ROM, no pain		
Elbow extension - minor loss ROM, pain		\checkmark
Passive Movement (+/- over pressure) (note symptoms and range):		
Elbow flexion - full ROM, no pain		
Elbow extension - minor loss ROM, pain		\checkmark
Resisted Test Response (pain)		
NAD		

Baseline symptoms Symptoms response			Mechanical Response		sponse
Active movement, passive movement, resisted test	During Movement – Produce, Abolish, Increase, Decrease, NE	After Movement – Better, Worse, NB, NW, NE	↑ ROM	↓ ROM	No Effect
Extension	produced	NW			\checkmark
Flexion	NE	NE			\checkmark
Effect of static positioning					
Other tests: eg loaded,					
compression, unloaded etc.					

SPINE							
lovement Loss							
ffect of repeated movements Not tested							
Effect of static positioning							
Spine testing Not relevant / relevant / secondary problem							
PROVISIONAL CLASSIFICATION Peripheral	Spine						
Dysfunction – Articular	Contractile						
Derangement	Postural						
Other	Uncertain						
PRINCIPLE OF MANAGEMENT							
Education							
Exercise	Frequency						
Treatment Goals							

Date					(~r)		$\left(\cdot \right)$
Name	23		Sex M	1			
Address					$(1, \mathbb{N})$	\mathbf{i}	$\mathbf{\tilde{v}}$
Telephone] []	
Date of Birth			Age	64			$\gamma \gamma \gamma \gamma \gamma \gamma$
Referral: GP/	Orth / Self / (Other				$M \mathcal{I}$	1411
Work		Retired				WP God	
Leisure		Walks				,	$\langle \rangle$
Postures / Stre	sses						101
Functional Disa	ability from p	resent episode	Reaching activ	vities	_ \W/		λ
Functional Disa	ability score				_)¥(
VAS Score (0-	10)	4-6			(سالیہ)	SYMPTOMS	$\bigcirc \bigcirc$
			HIST	ORY			
Present Sympt	oms	Right should	ler pain				
Present since		8 months			Impr	roving / <u>Uncha</u> ı	nging / Worsening
Commenced a	s a result of					<u></u>	apparent reason
Symptoms at o	inset:	Right should	ler				
Constant symp	toms:			In	termittent symptom	s: Right sho	ulder pain
What produces	or worsens	Hand behind	l back, reaching	up or ou	it to side		
What stops or	reduces	Arm at rest of	or mid-range				
Continued use	makes the p	ain Better	Worse		No Effect		
Pain at rest	Yes/	No					
Disturbed night	t <u>Yes /</u>	No Occasi	onally				
Other Question	ns <u>Was</u> r	nuch worse ini	tially then got ea	sier, but	no change last fe	w months	
Trootmonts this	a opisodo I	lltrasound mo	hilisations - has	not heer	much help		
Provious opiso	des N						
Previous treatm	nents N	lone					
Spinal history	F	nisodes back	and neck nain				
Spinal history						Para	esthesia Ves / No
Medications tri	ed NSAII	Ds analgesics		Effect	Helped at first but	rara	
Present medic:	ation None	<u>20, analgooloo</u>					
General health	Good						
Imaging	None						
Summarv.	Acute	/ Sub-acute / C ł	nronic		Trauma / Insidiou	s onset	
Sites for physic	al examinati	ion Shoulder				<u>- 0.1001</u>	

EXAMINATION				
Observation				
Baseline measurements (pain or functional activity) No pain				
Active Movements (note symptoms and range)				
Flexion and abduction 140°, produced pain		\checkmark		
Hand-behind-back (HBB) - to lower lumbar spine, produced pain		\checkmark		
Lateral rotation 45°, produced pain				
Passive Movement (+/- over pressure) (note symptoms and range):				
Flexion and abduction 140°, produced pain				
Hand-behind-back - to lower lumbar spine, produced pain				
Lateral rotation 45°, produced pain		\checkmark		
Resisted Test Response (pain)				
No effect				

Baseline symptoms Symptoms response			Mechanical Response		
Active movement, passive movement, resisted test	During Movement – Produce, Abolish, Increase, Decrease, NE	After Movement – Better, Worse, NB, NW, NE	∱ROM	↓ ROM	No Effect
Flexion	produced	NW			\checkmark
HBB	produced	NW			\checkmark
Lateral rotation	produced	NW			\checkmark
Effect of static positioning					
Other tests: eg loaded,					
compression, unloaded etc.					

SPINE	
Movement Loss	
Effect of repeated movements Tested NE	
Effect of static positioning	
Spine testing Not relevant / relevant / secondary	
PROVISIONAL CLASSIFICATION Peripheral	Spine
Dysfunction – Articular	Contractile
Derangement	Postural
Other	Uncertain
PRINCIPLE OF MANAGEMENT	
Education	
Exercise	Frequency

Treatment Goals

Date					(•p) (·	}
Name	24		Sex M			
Address						(2)
Telephone						
Date of Birth			Age 3	4	$= (\mathbf{k} \cdot \mathbf{\lambda}) (\mathbf{y}_{\mathbf{y}})$	\mathcal{A}
Referral: GP/	Orth / <u>Self</u>	[/] Other				
Work		Builder				
Leisure		Darts				/
Postures / Stre	esses	Heavy labou	r			{
Functional Dis	ability from	present episode	Still working		\\//\	/
Functional Dis	ability score) Y { > }	<u>{</u>
VAS Score (0-	-10)	2-5			SYMPTOMS	
			HISTO	RY		
Present Symp	toms	Left elbow pa	ain			
Present since		4 months			Improving / Unchanging / M	Vorsening
Commenced a	as a result o	f			no appare	ent reason
Symptoms at o	onset:	Left elbow pa	ain			
Constant symp	ptoms:			I	Intermittent symptoms: Left elbow pain	
What produce	s or worsen	s Arm activity,	especially lifting a	and ca	arrying	
What stops or	reduces	Resting arm	in mid range			
Continued use	e makes the	pain Better	Worse		No Effect	
Pain at rest	Yes /	No Sometime	es after lot of lifting			
Disturbed nigh	nt Yes /	<u>⁄ No</u>				
Other Questio	ns <u>Ove</u>	r 4 months symp	otoms come and g	o but	t overall getting worse (lasting longer, co	ming on
more easily)					
Treatments thi	is episode	None				
Previous episo	odes	None				
Previous treat	ments	None				
Spinal history	_	Occasional brie	f episodes neck a	nd ba	ack pain	
	-				Paraesthesia	a Yes/No
Medications tr	ied NSA	ID	E	ffect	No effect	
Present medic	ation None	Э				
General health	n Goo	d				
Imaging	None	Э				
Summary:	Acute	e / Sub-acute / <u>Ch</u>	ronic		Trauma / <u>Insidious onset</u>	
Sites for physi	cal examina	ition <u>Elbow</u>				
						_

EXAMINATION			
Observation	NAD		
Baseline measurem	ents (pain or functional activity) Slight ache		
Active Movements (note symptoms and range)	PDM	ERP
Flexion - limited	ROM, increased pain	\checkmark	
Extension - limit	ed ROM, increased pain		
Passive Movement	(+/- over pressure) (note symptoms and range):		
Flexion - limited	ROM, increased pain	\checkmark	
Extension - limit	ed ROM, increased pain		\checkmark
Resisted Test Resp	onse (pain)		
No effect			

Baseline symptoms Symptoms response		is response	Mecha	inical Res	sponse
Active movement, passive movement, resisted test	During Movement – Produce, Abolish, Increase, Decrease, NE	After Movement – Better, Worse, NB, NW, NE	∱ROM	↓ ROM	No Effect
Extension	increase	Worse		\checkmark	
Flexion	decrease	Better	\checkmark		
Effect of static positioning					
Other tests: eg loaded,					
compression, unloaded etc.					

SPINE	
Movement Loss	
Effect of repeated movements Tested NE	
Effect of static positioning	
Spine testing Not relevant / relevant / secondary problem	
PROVISIONAL CLASSIFICATION Peripheral	Spine
Dysfunction – Articular	_ Contractile
Derangement	Postural
Other	Uncertain
PRINCIPLE OF MANAGEMENT	
Education	
Exercise	Frequency
Treatment Goals	

Date					(• _P) (·)
Name	25		Sex F		
Address					
Telephone					
Date of Birth			Age	38	$(k^{\prime} \lambda)$
Referral: <u>GP /</u>	Orth / Self / C	Other			
Work		Secretary			
Leisure		Young childr	en		
Postures / Stre	sses	Sitting			
Functional Disa	ability from p	resent episode	Reduced activ	vity	\\//\\/
Functional Disa	ability score				
VAS Score (0-	10)	3			SYMPTOMS
			HIST	ORY	
Present Sympt	oms	Left ankle pa	in		
Present since		3 months			Improving / <u>Unchanging</u> / Worsening
Commenced a	s a result of	Slipping off k	erb		or no apparent reason
Symptoms at c	onset:	Left ankle pa	in, swelling and	discol	loured
Constant symp	otoms:				Intermittent symptoms: Left ankle pain
What produces	or worsens	Walking a lot	, twisting ankle,	pointir	ing toes away
What stops or	reduces	Rest non-we	ight-bearing		
Continued use	makes the p	ain Better	Worse		<u>No Effect (mostly)</u>
Pain at rest	Yes / <u> </u>	<u>Vo</u>			
Disturbed night	t Yes / <u>1</u>	<u>Vo</u>			
Other Question	ns				
Treatments this	s episode lo	ce, ultrasound,	mobilisations -	was ge	etting better, but now stopped improving
Previous episo	des <u>N</u>	lone			
Previous treatr	nents <u>N</u>	lone			
Spinal history	<u>_ N</u>	lone			
					Paraesthesia Yes / No
Medications tri	ed <u>NSAII</u>)		Effect	Helped initially
Present medic	ation None				
General health	Good				
Imaging	X-ray	- NAD			
Summary:	Acute	/ Sub-acute / <u>Ch</u>	<u>ronic</u>		<u>Trauma /</u> Insidious onset
Sites for physic	cal examinati	on <u>Ankle</u>			

EXAMINATION					
Observation	NAD				
Baseline measurem	nents (pain or functional activity) No pain				
Active Movements	(note symptoms and range)	PDM	ERP		
Plantarflexion -	produced pain		\checkmark		
Inversion - reduced ROM, produced pain			\checkmark		
Passive Movement	(+/- over pressure) (note symptoms and range):				
Plantarflexion -	produced pain		\checkmark		
Inversion - redu	ced ROM, produced pain		\checkmark		
Resisted Test Resp	oonse (pain)				
No effect	No effect				

Baseline symptoms	Symptoms response		Mechanical Response		
Active movement, passive movement, resisted test	During Movement – Produce, Abolish, Increase, Decrease, NE	After Movement – Better, Worse, NB, NW, NE	↑ ROM	↓ ROM	No Effect
Plantarflexion	Produce	NW			\checkmark
Inversion	Produce	NW			\checkmark
Effect of static positioning					
Other tests: eg loaded, compression, unloaded etc.					

SPINE					
Movement Loss					
Effect of repeated movements Not tested					
Effect of static positioning					
Spine testing Not relevant / relevant / secondary problem					
PROVISIONAL CLASSIFICATION Peripheral	Spine				
Dysfunction – Articular	Contractile				
Derangement	Postural				
Other	Uncertain				
PRINCIPLE OF MANAGEMENT					
Education					
Exercise	Frequency				
Treatment Goals					