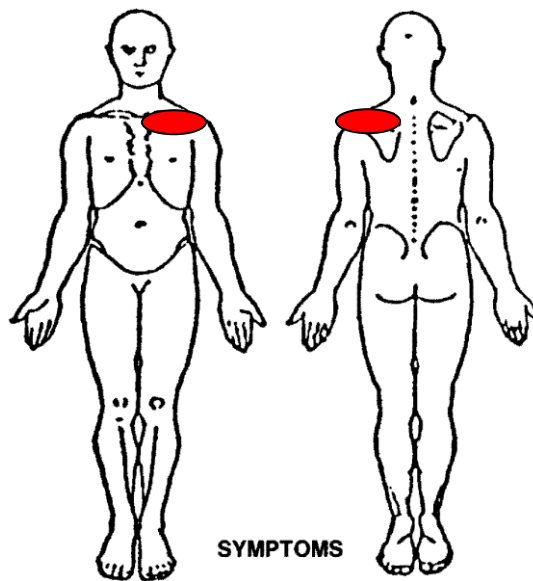


Date _____
 Name 1 Sex F
 Address _____
 Telephone _____
 Date of Birth _____ Age 30
 Referral: GP / Orth / Self / Other
 Work Groom: riding, mucking out stables
 Leisure _____
 Postures / Stresses Bending, lifting, use of arm++
 Functional Disability from present episode Limited work
 Functional Disability score _____
 VAS Score (0-10) 6-8



HISTORY

Present Symptoms Constant ache left shoulder
 Present since 7 weeks *Improving / **Unchanging** / Worsening*
 Commenced as a result of Fell off horse *or no apparent reason*
 Symptoms at onset: Immediate shoulder pain
 Constant symptoms: Left shoulder Intermittent symptoms: _____
 What produces or worsens Using arm

 What stops or reduces Limiting work reduces pain

Continued use makes the pain Better Worse No Effect

Pain at rest Yes / No

Disturbed night Yes / No

Other Questions _____

Treatments this episode None

Previous episodes None

Previous treatments None

Spinal history None

Paraesthesia Yes / No

Medications tried NSAIDs Effect No effect

Present medication Nil else

General health Good

Imaging None

Summary: Acute / **Sub-acute** / Chronic **Trauma** / Insidious onset

Sites for physical examination Neck / Shoulder

EXAMINATION

Observation Poor cervical posture

Baseline measurements (pain or functional activity) Left shoulder pain

Active Movements (note symptoms and range)	PDM	ERP
<u>Reduced medial rotation - pain ++</u>	√	
Passive Movement (+/- over pressure) (note symptoms and range):		
<u>Medial rotation</u>	√	
Resisted Test Response (pain)		
<u>All increased pain</u>		

Repeated Tests (choose the most symptomatic from above)

Baseline symptoms	Symptoms response		Mechanical Response		
	During Movement – Produce, Abolish, Increase, Decrease, NE	After Movement – Better, Worse, NB, NW, NE	↑ROM	↓ROM	No Effect
Active movement, passive movement, resisted test					
Medial rotation	↑	NW			√
Lateral rotation	↑	NW			√
Flexion	↑	NW			√
Extension	↑	NW			√
Abduction	↑	NW			√
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 _____

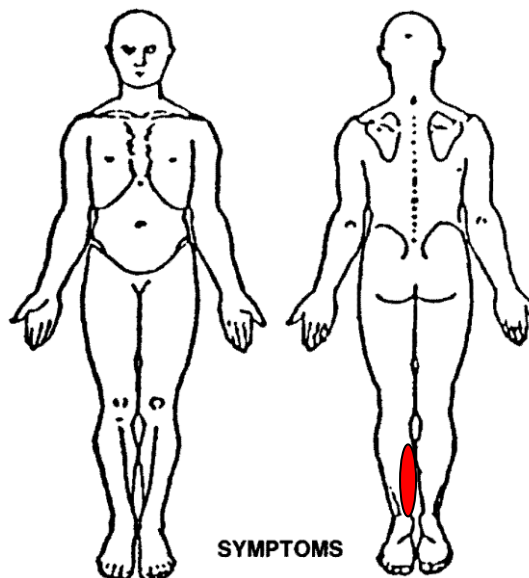
PRINCIPLE OF MANAGEMENT

Education _____

Exercise _____ Frequency _____

Treatment Goals _____

Date _____
 Name 2 Sex M
 Address _____
 Telephone _____
 Date of Birth _____ Age 15
 Referral: *GP / Orth / **Self** / Other* _____
 Work School
 Leisure Football
 Postures / Stresses Sitting, walking, running
 Functional Disability from present episode Stopped football
 Functional Disability score _____
 VAS Score (0-10) 5



HISTORY

Present Symptoms Left ankle heel pain
 Present since 1 year *Improving / **Unchanging** / Worsening*
 Commenced as a result of _____ ***no apparent reason***
 Symptoms at onset: Ankle / heel
 Constant symptoms: _____ Intermittent symptoms: All
 What produces or worsens Running, stairs, football, walking > 5 minutes

 What stops or reduces Rest

Continued use makes the pain Better **Worse** No Effect

Pain at rest Yes / **No**

Disturbed night Yes / **No**

Other Questions _____
Very flat feet

Treatments this episode None

Previous episodes None

Previous treatments None

Spinal history None

Paraesthesia Yes / **No**

Medications tried None Effect _____

Present medication None

General health Good

Imaging No

Summary: *Acute / Sub-acute / **Chronic*** *Trauma / **Insidious onset***

Sites for physical examination Ankle / heel

EXAMINATION

Observation Nothing abnormal detected (NAD)

Baseline measurements (pain or functional activity) None

Active Movements (note symptoms and range)	PDM	ERP
Plantarflexion	√	
Dorsiflexion		√
Passive Movement (+/- over pressure) (note symptoms and range):		
Dorsiflexion		√
Resisted Test Response (pain)		
Plantarflexion <u>Produced pain ++</u>		

Repeated Tests (choose the most symptomatic from above) Ankle / heel pain

Baseline symptoms	Symptoms response		Mechanical Response		
			↑ROM	↓ROM	No Effect
Active movement, passive movement, resisted test	During Movement – Produce, Abolish, Increase, Decrease, NE	After Movement – Better, Worse, NB, NW, NE			
Resisted plantarflexion	↑	NW			√
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

PROVISIONAL CLASSIFICATION	Peripheral	Spine
Dysfunction – Articular		Contractile
Derangement		Postural
Other		Uncertain

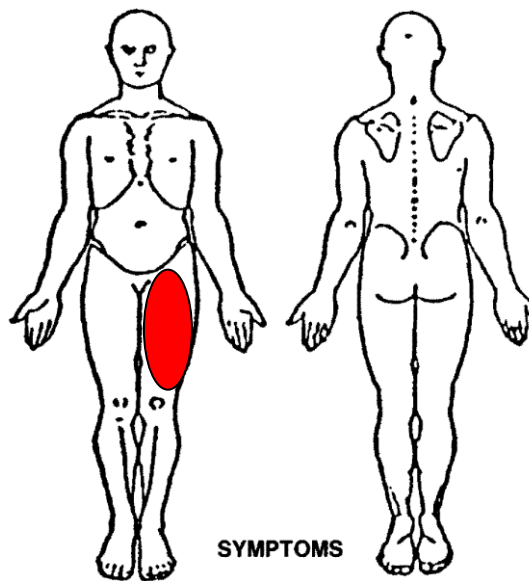
PRINCIPLE OF MANAGEMENT

Education _____

Exercise _____ Frequency _____

Treatment Goals _____

Date _____
 Name 3 Sex F
 Address _____
 Telephone _____
 Date of Birth _____ Age 32
 Referral: *GP / Orth / **Self** / Other* _____
 Work Aerobics instructor
 Leisure Active
 Postures / Stresses _____
 Functional Disability from present episode Stopped class
 Functional Disability score _____
 VAS Score (0-10) 6-8



HISTORY

Present Symptoms Left thigh
 Present since 6 months *Improving / Unchanging / **Worsening***
 Commenced as a result of After running? ***no apparent reason***
 Symptoms at onset: Left thigh
 Constant symptoms: Left thigh Intermittent symptoms: _____
 What produces or worsens Prolonged sitting, stairs, running on spot, jumping
 What stops or reduces Sitting with legs supported on bed / chair

Continued use makes the pain Better **Worse** No Effect
 Pain at rest **Yes** / No
 Disturbed night **Yes** / No If on left side
 Other Questions _____

Treatments this episode Iliotibial band and quads stretching, ultrasound - Worse after, pins + needles in foot
 Previous episodes None
 Previous treatments None
 Spinal history Back pain episodes - advised leg-length inequality

Paraesthesia **Yes** / No

Medications tried None Effect _____
 Present medication None
 General health Good
 Imaging None

Summary: *Acute / Sub-acute / **Chronic*** *Trauma / **Insidious onset***

Sites for physical examination Spine / hip / knee

EXAMINATION

Observation Stands left lateral shift

Baseline measurements (pain or functional activity) Left thigh pain (6/10)

Active Movements (note symptoms and range)	PDM	ERP
<u>Hip flexion, abduction, medial rotation - all reduced ROM</u>	√	
<u>Knee - NAD</u>		
Passive Movement (+/- over pressure) (note symptoms and range):		
<u>Hip - flexion, abduction, medial rotation - all reduced ROM</u>	√	
<u>NE knee</u>		
Resisted Test Response (pain)		
<u>NE hip</u>		
<u>NE knee</u>		

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

Baseline symptoms	Symptoms response		Mechanical Response		
	During Movement – Produce, Abolish, Increase, Decrease, NE	After Movement – Better, Worse, NB, NW, NE	↑ROM	↓ROM	No Effect
Active movement, passive movement, resisted test					
Hip flexion	↑	NW			√
Hip abduction	↓	Better	√		
Hip medial rotation	Abolishes	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

PROVISIONAL CLASSIFICATION	Peripheral	Spine
Dysfunction – Articular	_____	Contractile _____
Derangement	_____	Postural _____
Other	_____	Uncertain _____

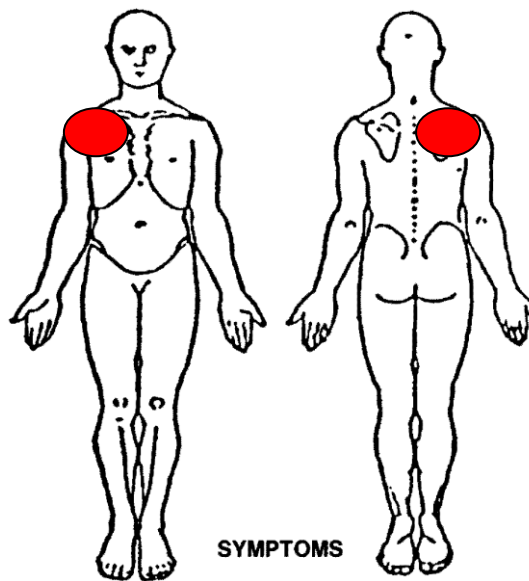
PRINCIPLE OF MANAGEMENT

Education _____

Exercise _____ Frequency _____

Treatment Goals _____

Date _____
 Name 4 Sex M
 Address _____
 Telephone _____
 Date of Birth _____ Age 18
 Referral: GP / Orth / Self / Other
 Work Professional rugby player
 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 10 days *Improving / Unchanging / **Worsening***
 Commenced as a result of Tackle - arm pulled back *or no apparent reason*
 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 Worse No Effect

Pain at rest Yes / No

Disturbed night Yes / No

Other Questions _____

Treatments this episode Ultrasound X 3 - NE

Previous episodes None

Previous treatments _____

Spinal history None

Paraesthesia Yes / No

Medications tried None Effect _____

Present medication None

General health Good

Imaging _____

Summary: Acute / Sub-acute / Chronic Trauma / Insidious onset

Sites for physical examination Neck / shoulder

EXAMINATION

Observation Shoulder protracted

Baseline measurements (pain or functional activity) Minimal ache right shoulder

Active Movements (note symptoms and range)	PDM	ERP
<u>All shoulder movements - ↑ pain ++; minimal movement available</u>	√	
Passive Movement (+/- over pressure) (note symptoms and range):		
<u>All shoulder movements - ↑ pain ++; limited movement available</u>		
Resisted Test Response (pain)		
<u>All movements - ↑ pain</u>		

Repeated Tests (choose the most symptomatic from above)

Baseline symptoms	Symptoms response		Mechanical Response		
	During Movement – Produce, Abolish, Increase, Decrease, NE	After Movement – Better, Worse, NB, NW, NE	↑ROM	↓ROM	No Effect
Active movement, passive movement, resisted test					
Flexion	↑	Worse		√	
Extension	↑	Worse			√
Adduction	↑	Worse			√
Medial + Lateral rotation	↑	Worse			√
Abduction	↓	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 _____

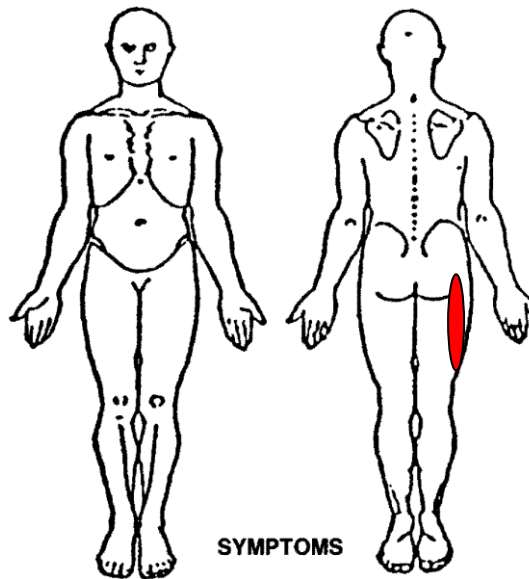
PRINCIPLE OF MANAGEMENT

Education _____

Exercise _____ Frequency _____

Treatment Goals _____

Date _____
 Name 5 Sex F
 Address _____
 Telephone _____
 Date of Birth _____ Age 24
 Referral: *GP / Orth / **Self** / Other* _____
 Work Sales person
 Leisure Touch rugby
 Postures / Stresses Sits in car 8 hours a day
 Functional Disability from present episode Stopped sport
 Functional Disability score _____
 VAS Score (0-10) 5-6 at worst



SYMPTOMS

HISTORY

Present Symptoms Right lateral thigh pain
 Present since 8 weeks Improving / *Unchanging* / *Worsening*
 Commenced as a result of Pain present after rugby? or *no apparent reason*
 Symptoms at onset: Right lateral thigh
 Constant symptoms: _____ Intermittent symptoms: Right thigh
 What produces or worsens Running, walking
 What stops or reduces Sitting, not weight-bearing

Continued use makes the pain Better Worse No Effect

Pain at rest Yes / No

Disturbed night Yes / No

Other Questions _____

Treatments this episode None

Previous episodes Minor problems

Previous treatments None

Spinal history None

Paraesthesia Yes / No

Medications tried None Effect _____

Present medication Asthma inhaler

General health Good apart from mild asthma

Imaging None

Summary: Acute / **Sub-acute** / Chronic Trauma / **Insidious onset?**

Sites for physical examination _____

EXAMINATION

Observation Tends to weight-bear on left leg

Baseline measurements (pain or functional activity) None

Active Movements (note symptoms and range)	PDM	ERP
Hip flexion - produce pain	√	
Hip medial rotation - produce pain	√	
Passive Movement (+/- over pressure) (note symptoms and range): <u>No effect</u>		
Resisted Test Response (pain) <u>Hip flexion - produce pain + right thigh</u>		
<u>Other movements - NE</u>		

Repeated Tests (choose the most symptomatic from above) Mild ache right thigh

Active movement, passive movement, resisted test	During Movement – Produce, Abolish, Increase, Decrease, NE	After Movement – Better, Worse, NB, NW, NE	Mechanical Response		
			↑ROM	↓ROM	No Effect
Resisted flexion	↑	NW			√
Flexion	↑	NW			√
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 _____

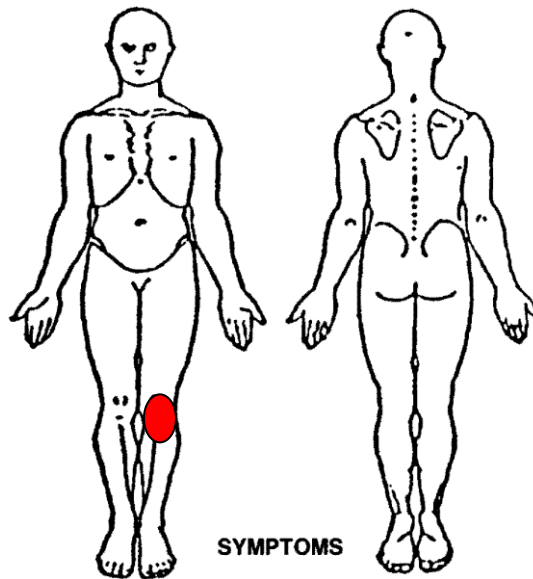
PRINCIPLE OF MANAGEMENT

Education _____

Exercise _____ Frequency _____

Treatment Goals _____

Date _____
 Name 6 Sex M
 Address _____
 Telephone _____
 Date of Birth _____ Age 25
 Referral: *GP / Orth / **Self** / Other* _____
 Work Sells cars
 Leisure Body builder
 Postures / Stresses Standing, walking, lifting
 Functional Disability from present episode Limits lifting weights
 Functional Disability score _____
 VAS Score (0-10) 4-6



HISTORY

Present Symptoms Left anterior knee pain, knee feels weak
 Present since 10 weeks *Improving / Unchanging / **Worsening***
 Commenced as a result of Doing a dead lift *or no apparent reason*
 Symptoms at onset: Knee popped' ache at left knee
 Constant symptoms: _____ Intermittent symptoms: Left knee
 What produces or worsens Bending, twisting, tennis

 What stops or reduces Limiting activity

Continued use makes the pain Better **Worse?** No Effect

Pain at rest Yes / **No**

Disturbed night Yes / **No**

Other Questions Leg feels weak, giving way sensation, ? locking

Treatments this episode None

Previous episodes None

Previous treatments None

Spinal history None

Paraesthesia Yes / **No**

Medications tried None Effect _____

Present medication None

General health Good

Imaging X-ray knee - NAD

Summary: Acute / Sub-acute / **Chronic** **Trauma** / Insidious onset

Sites for physical examination Knee

EXAMINATION

Observation Some swelling left knee?

Baseline measurements (pain or functional activity) Minimal pain in weight bearing

Active Movements (note symptoms and range)	PDM	ERP
Flexion	√	
Extension		√
Passive Movement (+/- over pressure) (note symptoms and range):		
Flexion	√	
Extension		√
Resisted Test Response (pain)		
NE		

Repeated Tests (choose the most symptomatic from above)

Baseline symptoms	Symptoms response		Mechanical Response		
	During Movement – Produce, Abolish, Increase, Decrease, NE	After Movement – Better, Worse, NB, NW, NE	↑ROM	↓ROM	No Effect
Active movement, passive movement, resisted test					
Flexion	↑	NW			√
Extension	↓	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 _____

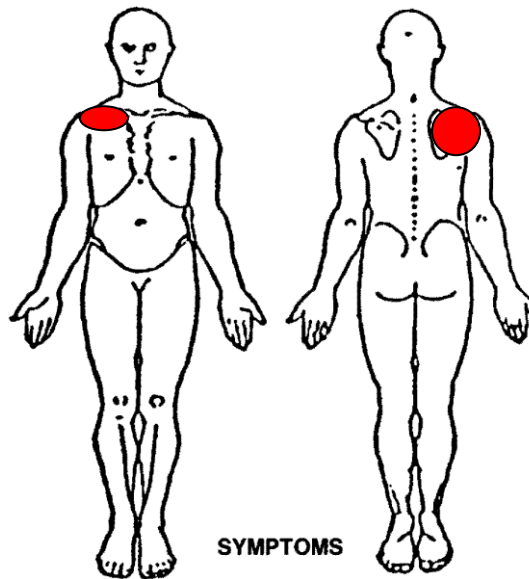
PRINCIPLE OF MANAGEMENT

Education _____

Exercise _____ Frequency _____

Treatment Goals _____

Date _____
 Name 7 Sex M
 Address _____
 Telephone _____
 Date of Birth _____ Age 62
 Referral: *GP / Orth / **Self** / Other* _____
 Work Retired
 Leisure Golf, running, rowing, cycling
 Postures / Stresses Active
 Functional Disability from present episode As normal with pain
 Functional Disability score _____
 VAS Score (0-10) 4-6



HISTORY

Present Symptoms Right neck and shoulder pain
 Present since 10 days *Improving / **Unchanging** / Worsening*
 Commenced as a result of _____ **no apparent reason**
 Symptoms at onset: _____
 Constant symptoms: _____ Intermittent symptoms: All
 What produces or worsens Lifting, using arm

 What stops or reduces Not using arm

Continued use makes the pain Better **Worse** No Effect

Pain at rest Yes / **No**

Disturbed night Yes / **No**

Other Questions Some neck stiffness in morning

Treatments this episode None

Previous episodes Back / neck pain episodes

Previous treatments Exercises

Spinal history Episodic neck pain

Paraesthesia Yes / **No**

Medications tried None Effect _____

Present medication None

General health Good

Imaging Back and neck years ago

Summary: **Acute** / *Sub-acute / Chronic* *Trauma / **Insidious onset***

Sites for physical examination Neck / shoulder

EXAMINATION

Observation Poor cervical posture

Baseline measurements (pain or functional activity) None

Active Movements (note symptoms and range)	PDM	ERP
<u>Shoulder - full range of movement all direction and no pain</u>		
Passive Movement (+/- over pressure) (note symptoms and range):		
<u>Shoulder - full range of movement all direction and no pain</u>		
Resisted Test Response (pain)		
<u>Shoulder flexion - produced shoulder pain</u>		

Repeated Tests (choose the most symptomatic from above)

Baseline symptoms	Symptoms response		Mechanical Response		
			↑ROM	↓ROM	No Effect
Active movement, passive movement, resisted test	During Movement – Produce, Abolish, Increase, Decrease, NE	After Movement – Better, Worse, NB, NW, NE			
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.					

SPINE

Movement Loss Minor loss extension, right rotation

Effect of repeated movements Retraction / extension - ↑ 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 _____

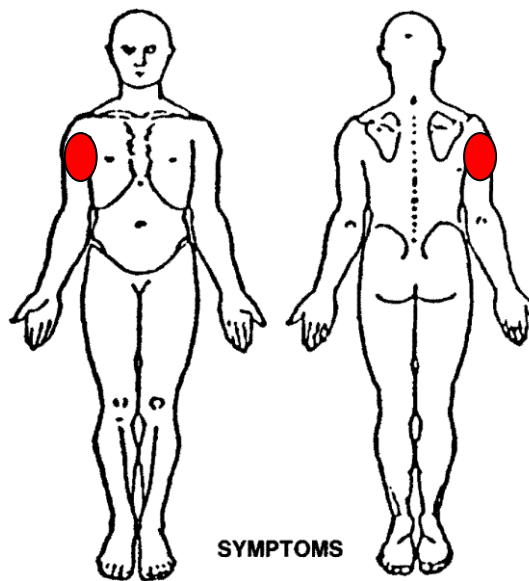
PRINCIPLE OF MANAGEMENT

Education _____

Exercise _____ Frequency _____

Treatment Goals _____

Date _____
 Name 8 Sex M
 Address _____
 Telephone _____
 Date of Birth _____ Age 25
 Referral: GP / Orth / Self / Other _____
 Work Oil industry
 Leisure Squash, golf, running, cycling
 Postures / Stresses Sitting, activity = sport
 Functional Disability from present episode Limited sport
 Functional Disability score _____
 VAS Score (0-10) 6



HISTORY

Present Symptoms Right shoulder
 Present since 4 months / Unchanging / Worsening
 Commenced as a result of Fell off bike landed on shoulder or no apparent reason
 Symptoms at onset: Right shoulder - more painful initially
 Constant symptoms: _____ Intermittent symptoms: Right shoulder
 What produces or worsens Moving arm, especially out to side and overhead
 What stops or reduces Support arm by side

Continued use makes the pain Better Worse No Effect
 Pain at rest Yes / No (sometimes)
 Disturbed night Yes / No
 Other Questions Painful in all positions at night

Treatments this episode None
 Previous episodes None
 Previous treatments None
 Spinal history None

Paraesthesia Yes / No

Medications tried NSAIDs Effect ? helped
 Present medication Nil else
 General health Good
 Imaging X-ray - NAD
 Summary: Acute / Sub-acute / Chronic Trauma / Insidious onset
 Sites for physical examination Shoulder / neck

EXAMINATION

Observation Holds arm to side

Baseline measurements (pain or functional activity) No pain

Active Movements (note symptoms and range)	PDM	ERP
<u>Flexion - 130° produced pain</u>		<u>√</u>
<u>Abduction 130° produced pain</u>		<u>√</u>
<u>Medial and lateral rotation - 1/2 ROM, produced pain</u>		<u>√</u>
Passive Movement (+/- over pressure) (note symptoms and range):		
<u>Flexion - 140° produced pain</u>		<u>√</u>
<u>Abduction 140° produced pain</u>		<u>√</u>
<u>Medial and lateral rotation - 1/2 ROM, produced pain</u>		<u>√</u>
Resisted Test Response (pain) _____		
<u>No effect</u>		

Repeated Tests (choose the most symptomatic from above)

Baseline symptoms Active movement, passive movement, resisted test	Symptoms response		Mechanical Response		
	During Movement – Produce, Abolish, Increase, Decrease, NE	After Movement – Better, Worse, NB, NW, NE	↑ROM	↓ROM	No Effect
Flexion	produced	NW			√
Lateral rotation	produced	NW			√
Abduction	produced	NW			√
Medial rotation	produced	NW			√
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

Dysfunction – Articular _____	Spine	Contractile _____
Derangement _____	Postural	_____
Other _____	Uncertain	_____

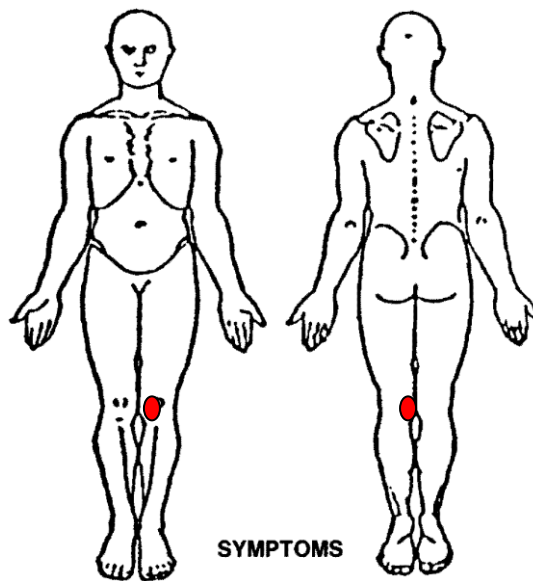
PRINCIPLE OF MANAGEMENT

Education _____

Exercise _____ Frequency _____

Treatment Goals _____

Date _____
 Name 9 Sex M
 Address _____
 Telephone _____
 Date of Birth _____ Age 60
 Referral: GP / Orth / Self / Other
 Work Office job
 Leisure Gym, running
 Postures / Stresses Sitting, sports
 Functional Disability from present episode Continues all
 Functional Disability score _____
 VAS Score (0-10) _____



HISTORY

Present Symptoms Left medial knee pain
 Present since 9 weeks *Improving / **Unchanging** / Worsening*
 Commenced as a result of Running *or no apparent reason*
 Symptoms at onset: Medial knee
 Constant symptoms: _____ Intermittent symptoms: Left knee
 What produces or worsens Walking, running, night

 What stops or reduces Not sure

Continued use makes the pain Better Worse **No Effect**
 Pain at rest Yes / No
 Disturbed night Yes / No
 Other Questions _____

Treatments this episode None
 Previous episodes Cartilage injury 3 years ago - surgery
 Previous treatments Physiotherapy - helped
 Spinal history None

_____ Paraesthesia Yes / No
 Medications tried None Effect _____

Present medication None
 General health Good
 Imaging X-ray - osteoarthritis

Summary: Acute / Sub-acute / **Chronic** *Trauma / **Insidious onset***
 Sites for physical examination Knee

EXAMINATION

Observation Varus deformity knees

Baseline measurements (pain or functional activity) Minimal ache

Active Movements (note symptoms and range)	PDM	ERP
<u>Full ROM - no pain</u>		
Passive Movement (+/- over pressure) (note symptoms and range):		
<u>Full ROM - pain on flexion</u>		√
Resisted Test Response (pain)		
<u>Extension - produce pain</u>		

Repeated Tests (choose the most symptomatic from above) Minimal pain

Active movement, passive movement, resisted test	During Movement – Produce, Abolish, Increase, Decrease, NE	After Movement – Better, Worse, NB, NW, NE	Mechanical Response		
			↑ROM	↓ROM	No Effect
Flexion	NE	NE			√
Extension	↑	NW			√
Resisted extension	↑ +	NW			√
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 _____

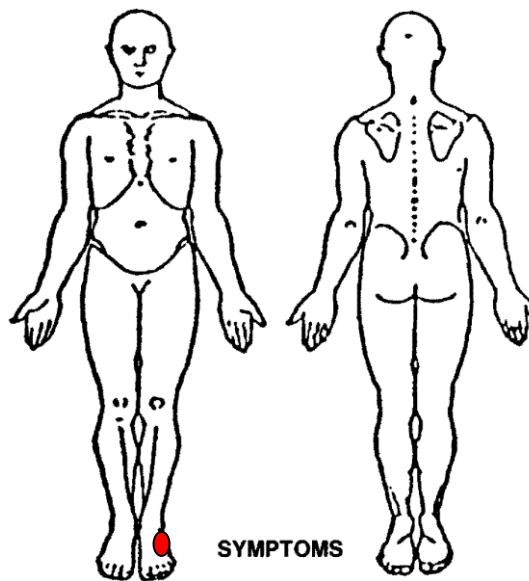
PRINCIPLE OF MANAGEMENT

Education _____

Exercise _____ Frequency _____

Treatment Goals _____

Date _____
 Name 10 Sex M
 Address _____
 Telephone _____
 Date of Birth _____ Age 40
 Referral: GP / Orth / **Self** / Other
 Work Office job
 Leisure Hockey
 Postures / Stresses Sitting, active
 Functional Disability from present episode Stopped hockey
 Functional Disability score _____
 VAS Score (0-10) 8-10



HISTORY

Present Symptoms Left ankle pain
 Present since 1 week Improving / Unchanging / Worsening
 Commenced as a result of Fell off bike, landed on ankle/foot or no apparent reason
 Symptoms at onset: Ankle
 Constant symptoms: Ankle Intermittent symptoms: _____
 What produces or worsens Weight-bearing, movement

 What stops or reduces None

Continued use makes the pain Better Worse No Effect
 Pain at rest Yes / No
 Disturbed night Yes / No
 Other Questions Foot feels tight

Treatments this episode Bandage at A & E
 Previous episodes None
 Previous treatments None
 Spinal history None

_____ Paraesthesia Yes / No

Medications tried NSAIDs Effect None

Present medication Nil else

General health Good

Imaging X-ray - NAD

Summary: Acute / Sub-acute / Chronic Trauma / Insidious onset

Sites for physical examination _____

EXAMINATION

Observation Bruising and swelling ++ foot and ankle

Baseline measurements (pain or functional activity) _____

Active Movements (note symptoms and range)	PDM	ERP
Dorsiflexion	√	
Plantarflexion	√	
Inversion / eversion - very limited		√
Passive Movement (+/- over pressure) (note symptoms and range):		
Inversion - ↑ pain		√
Resisted Test Response (pain)		
Eversion - ↑ pain		

Repeated Tests (choose the most symptomatic from above)

Baseline symptoms	Symptoms response		Mechanical Response		
	During Movement – Produce, Abolish, Increase, Decrease, NE	After Movement – Better, Worse, NB, NW, NE	↑ROM	↓ROM	No Effect
Active movement, passive movement, resisted test					
Plantarflexion	↑	NW			√
Dorsiflexion	↑	NW			√
Inversion	↑	Worse		√	
Resisted eversion	↑	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 _____

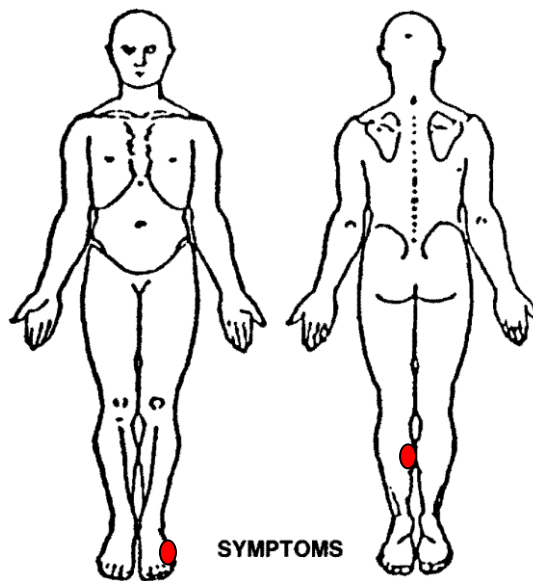
PRINCIPLE OF MANAGEMENT

Education _____

Exercise _____ Frequency _____

Treatment Goals _____

Date _____
 Name 11 Sex M
 Address _____
 Telephone _____
 Date of Birth _____ Age 26
 Referral: GP / Orth / Self / Other
 Work Joiner
 Leisure Football, golf
 Postures / Stresses Active
 Functional Disability from present episode Stopped football
 Functional Disability score _____
 VAS Score (0-10) 5



HISTORY

Present Symptoms Left calf pain and pins and needles in toes
 Present since 7 weeks *Improving / **Unchanging** / Worsening*
 Commenced as a result of Football *or no apparent reason*
 Symptoms at onset: Calf
 Constant symptoms: Tingling toes Intermittent symptoms: Calf
 What produces or worsens Walking, stairs, stretching calf
 What stops or reduces Better at rest

Continued use makes the pain Better **Worse** No Effect
 Pain at rest Yes / **No**
 Disturbed night Yes / **No**
 Other Questions Pins and needles has had before

Treatments this episode None
 Previous episodes None
 Previous treatments _____
 Spinal history Slipped disc 3 years ago

_____ Paraesthesia Yes / No

Medications tried None Effect _____
 Present medication None
 General health Good
 Imaging None

Summary: Acute / **Sub-acute** / Chronic **Trauma** / Insidious onset
 Sites for physical examination Leg / back?

EXAMINATION

Observation NAD

Baseline measurements (pain or functional activity) No pain

Active Movements (note symptoms and range)	PDM	ERP
<u>Dorsiflexion - minor loss ROM - produce pain</u>		√
<u>Plantarflexion - produce pain</u>	√	
Passive Movement (+/- over pressure) (note symptoms and range):		
<u>Dorsiflexion - full ROM - produce pain</u>		√
<u>Plantarflexion - NE</u>		
Resisted Test Response (pain)		
<u>Plantarflexion - produce pain ++</u>		

Repeated Tests (choose the most symptomatic from above) None

Baseline symptoms	Symptoms response	After Movement – Better, Worse, NB, NW, NE	Mechanical Response		
			↑ROM	↓ROM	No Effect
Active movement, passive movement, resisted test	During Movement – Produce, Abolish, Increase, Decrease, NE				
Dorsiflexion	produces	NW			√
Plantarflexion	produces	NW			√
Resisted plantarflexion	produces	NW			√
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

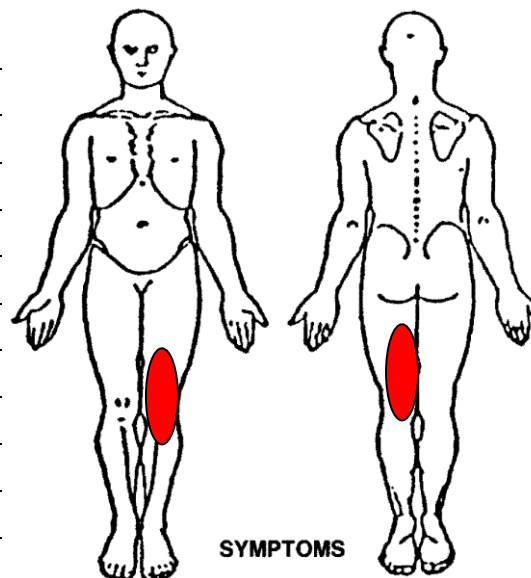
PRINCIPLE OF MANAGEMENT

Education _____

Exercise _____ Frequency _____

Treatment Goals _____

Date _____
 Name 12 Sex M
 Address _____
 Telephone _____
 Date of Birth _____ Age 38
 Referral: GP / Orth / Self / Other _____
 Work Driver
 Leisure 5-aside football
 Postures / Stresses Sitting / driving
 Functional Disability from present episode Stopped football
 Functional Disability score _____
 VAS Score (0-10) 4



HISTORY

Present Symptoms Left thigh and knee
 Present since 2 months *Improving / Unchanging / **Worsening***
 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, movement

 What stops or reduces Rest, heat

Continued use makes the pain Better Worse No Effect

Pain at rest Yes / No

Disturbed night Yes / No

Other Questions 4 years ago left ACL repair; 15 years ago fracture of left femur

Treatments this episode None

Previous episodes None

Previous treatments None - rehab post-cruciate repair

Spinal history None

Paraesthesia Yes / No

Medications tried None Effect _____

Present medication None

General health Good

Imaging None

Summary: Acute / Sub-acute / **Chronic** **Trauma** / Insidious onset

Sites for physical examination Knee / thigh

EXAMINATION

Observation Some swelling left knee; not fully weight-bearing

Baseline measurements (pain or functional activity) No pain

Active Movements (note symptoms and range)	PDM	ERP
<u>Knee flexion - some loss of ROM, pain</u>	√	
<u>Knee extension - some loss of ROM, pain</u>	√	
Passive Movement (+/- over pressure) (note symptoms and range):		
<u>Knee flexion - some loss of ROM, pain</u>	√	
<u>Knee extension - some loss of ROM, pain</u>		√
Resisted Test Response (pain)		
<u>NE</u>		

Repeated Tests (choose the most symptomatic from above) No pain

Baseline symptoms	Symptoms response	After Movement – Better, Worse, NB, NW, NE	Mechanical Response		
			↑ROM	↓ROM	No Effect
Active movement, passive movement, resisted test	During Movement – Produce, Abolish, Increase, Decrease, NE				
Flexion	Produced knee pain	NW			√
Extension	Produced thigh pain	NW			√
Medial rotation			√		
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 _____

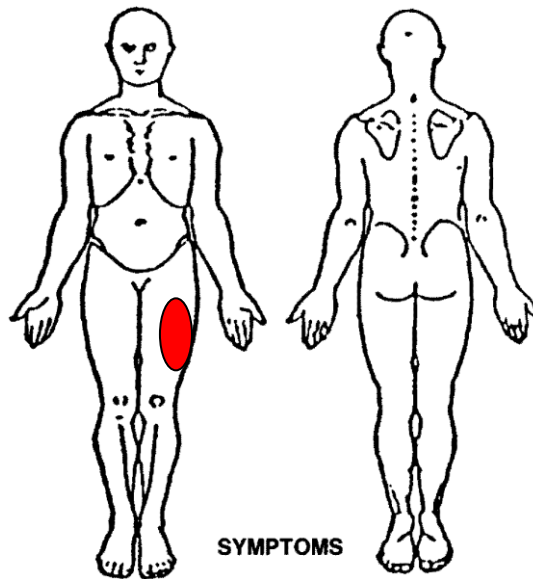
PRINCIPLE OF MANAGEMENT

Education _____

Exercise _____ Frequency _____

Treatment Goals _____

Date _____
 Name 13 Sex M
 Address _____
 Telephone _____
 Date of Birth _____ Age 18
 Referral: GP / Orth / Self / Other _____
 Work School
 Leisure Rugby
 Postures / Stresses Sitting, plus active, rugby X 4 a week
 Functional Disability from present episode Stopped rugby
 Functional Disability score _____
 VAS Score (0-10) 6



HISTORY

Present Symptoms Left anterior thigh
 Present since 5 days *Improving / **Unchanging** / 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 painful
 What stops or reduces Rest, positioning mid knee/hip flexion

Continued use makes the pain Better Worse No Effect

Pain at rest Yes / No

Disturbed night Yes / No

Other Questions _____

Treatments this episode Using ice

Previous episodes None

Previous treatments _____

Spinal history None

Paraesthesia Yes / No

Medications tried None Effect _____

Present medication None

General health Good

Imaging None

Summary: Acute / Sub-acute / Chronic Trauma / Insidious onset

Sites for physical examination Hip / knee / thigh

EXAMINATION

Observation Swelling anterior thigh

Baseline measurements (pain or functional activity) No pain

Active Movements (note symptoms and range)	PDM	ERP
Knee extension	√	
Knee flexion		√
Passive Movement (+/- over pressure) (note symptoms and range):		
Knee extension - no pain		
Knee flexion		√
Resisted Test Response (pain)		
Knee extension - pain		

Repeated Tests (choose the most symptomatic from above)

Baseline symptoms	Symptoms response		Mechanical Response		
	During Movement – Produce, Abolish, Increase, Decrease, NE	After Movement – Better, Worse, NB, NW, NE	↑ROM	↓ROM	No Effect
Active movement, passive movement, resisted test					
Flexion	↑	NW			√
Extension	↑	NW			√
Resisted knee extension	↑	W			√
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 _____

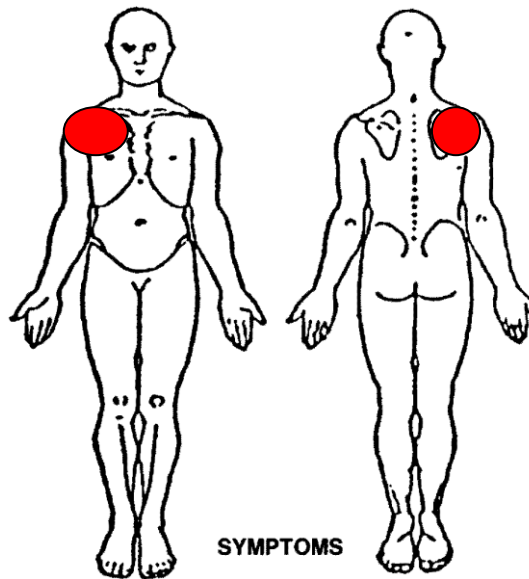
PRINCIPLE OF MANAGEMENT

Education _____

Exercise _____ Frequency _____

Treatment Goals _____

Date _____
 Name 14 Sex M
 Address _____
 Telephone _____
 Date of Birth _____ Age 57
 Referral: GP / Orth / Self / Other
 Work Crane operator
 Leisure Swimming
 Postures / Stresses Sitting, lifting
 Functional Disability from present episode Off work
 Functional Disability score _____
 VAS Score (0-10) 6



HISTORY

Present Symptoms Right shoulder
 Present since 5 weeks Improving / Unchanging / Worsening
 Commenced as a result of Pulled arm when working crane or no apparent reason
 Symptoms at onset: Right shoulder
 Constant symptoms: _____ Intermittent symptoms: Right shoulder
 What produces or worsens Swimming, using arm
 What stops or reduces Heat, rest

Continued use makes the pain Better Worse No Effect

Pain at rest Yes / No

Disturbed night Yes / No

Other Questions _____

Treatments this episode Heat rub

Previous episodes _____

Previous treatments _____

Spinal history Discectomy lumbar spine 15 years ago

Paraesthesia Yes / No

Medications tried None Effect _____

Present medication None

General health Good

Imaging None

Summary: Acute / Sub-acute / Chronic Trauma / Insidious onset

Sites for physical examination Neck, shoulder

EXAMINATION

Observation Poor posture

Baseline measurements (pain or functional activity) No pain

Active Movements (note symptoms and range)	PDM	ERP
<u>Flexion produced pain</u>		√
<u>Medial Rotation - reduced ROM, produced pain ++</u>	√	
Passive Movement (+/- over pressure) (note symptoms and range):		
<u>Flexion produced pain</u>		
<u>Medial Rotation - reduced ROM, produced pain ++</u>		√
Resisted Test Response (pain)		
<u>All movements produced pain</u>		

Repeated Tests (choose the most symptomatic from above)

Baseline symptoms	Symptoms response		Mechanical Response		
	During Movement – Produce, Abolish, Increase, Decrease, NE	After Movement – Better, Worse, NB, NW, NE	↑ROM	↓ROM	No Effect
Active movement, passive movement, resisted test					
Flexion	produced	NW			√
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 _____

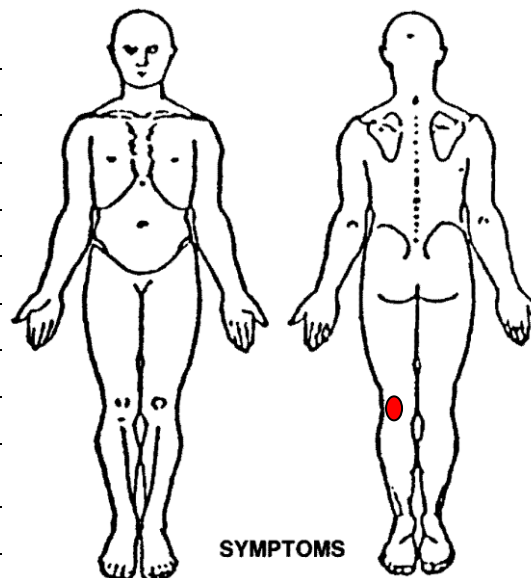
PRINCIPLE OF MANAGEMENT

Education _____

Exercise _____ Frequency _____

Treatment Goals _____

Date _____
 Name 15 Sex M
 Address _____
 Telephone _____
 Date of Birth _____ Age 26
 Referral: GP / Orth / Self / Other
 Work Office job
 Leisure Football
 Postures / Stresses Sitting
 Functional Disability from present episode Stopped playing football
 Functional Disability score _____
 VAS Score (0-10) 4-6



HISTORY

Present Symptoms Left lateral knee pain
 Present since 14 days *Improving / **Unchanging** / Worsening*
 Commenced as a result of Twisted leg when playing football *or no apparent reason*
 Symptoms at onset: Left lateral knee pain
 Constant symptoms: Left lateral knee pain Intermittent symptoms: _____
 What produces or worsens Weight bearing, moving knee

What stops or reduces Rest knee semi-flexed position

Continued use makes the pain Better Worse No Effect

Pain at rest Yes / No

Disturbed night Yes / No

Other Questions _____

Treatments this episode None

Previous episodes None

Previous treatments None

Spinal history None

Paraesthesia Yes / No

Medications tried NSAIDs Effect Not helping

Present medication Nil else

General health Good

Imaging None

Summary: Acute / **Sub-acute** / Chronic Trauma / Insidious onset

Sites for physical examination _____

EXAMINATION

Observation Some knee swelling, holds knee slightly flexed

Baseline measurements (pain or functional activity) _____

Active Movements (note symptoms and range)	PDM	ERP
Flexion - full range, pain	√	
Extension - minor loss ROM, pain		√
Passive Movement (+/- over pressure) (note symptoms and range):		
Flexion - full range, pain	√	
Extension - minor loss ROM, pain		√
Resisted Test Response (pain)		
No effect		

Repeated Tests (choose the most symptomatic from above)

Baseline symptoms	Symptoms response		Mechanical Response		
	During Movement – Produce, Abolish, Increase, Decrease, NE	After Movement – Better, Worse, NB, NW, NE	↑ROM	↓ROM	No Effect
Active movement, passive movement, resisted test					
Flexion	↑	NW			√
Extension	↓	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 _____

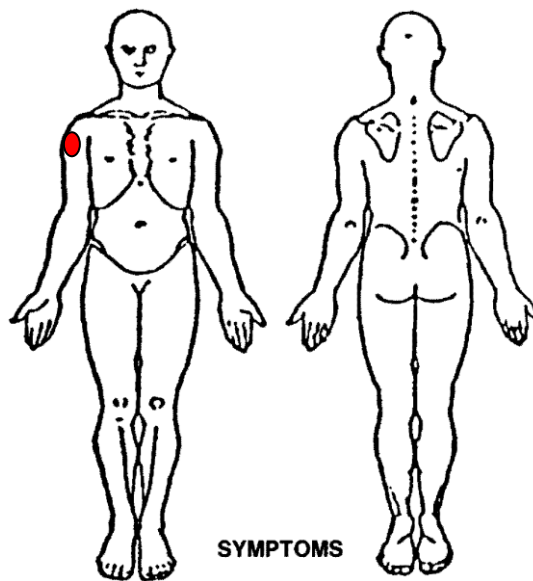
PRINCIPLE OF MANAGEMENT

Education _____

Exercise _____ Frequency _____

Treatment Goals _____

Date _____
 Name 16 Sex M
 Address _____
 Telephone _____
 Date of Birth _____ Age 32
 Referral: GP / Orth / Self / Other
 Work Computer operator
 Leisure Active sports
 Postures / Stresses Sitting plus activity
 Functional Disability from present episode Stopped sporting activity
 Functional Disability score _____
 VAS Score (0-10) 4-6



HISTORY

Present Symptoms Right shoulder / arm
 Present since 2 months *Improving / **Unchanging** / Worsening*
 Commenced as a result of Lots of decorating with arm overhead *or no apparent reason*
 Symptoms at onset: Right shoulder / arm pain
 Constant symptoms: _____ Intermittent symptoms: Right shoulder / arm pain
 What produces or worsens Backhand movement at squash, driving car, leaning on arm

 What stops or reduces Resting arm by side

Continued use makes the pain Better Worse No Effect

Pain at rest Yes / No

Disturbed night Yes / No

Other Questions Neck stiff but no pain

Treatments this episode None

Previous episodes None

Previous treatments None

Spinal history None

Paraesthesia Yes / No

Medications tried None

Effect _____

Present medication None

General health Good

Imaging None

Summary: Acute / Sub-acute / **Chronic**

Trauma ?/ Insidious onset

Sites for physical examination Shoulder, neck

EXAMINATION

Observation Poor posture

Baseline measurements (pain or functional activity) No pain

Active Movements (note symptoms and range)	PDM	ERP
<u>Medial rotation - loss ROM, produces pain ++</u>	√	
<u>Abduction - produces pain ++</u>	√	
Passive Movement (+/- over pressure) (note symptoms and range):		
<u>Medial rotation - loss ROM, produces pain</u>	√	
<u>Abduction - produces pain</u>	√	
Resisted Test Response (pain)		
<u>No effect</u>		

Repeated Tests (choose the most symptomatic from above)

Baseline symptoms	Symptoms response		Mechanical Response		
	During Movement – Produce, Abolish, Increase, Decrease, NE	After Movement – Better, Worse, NB, NW, NE	↑ROM	↓ROM	No Effect
Active movement, passive movement, resisted test					
Abduction	Produced	Worse		√	
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 _____

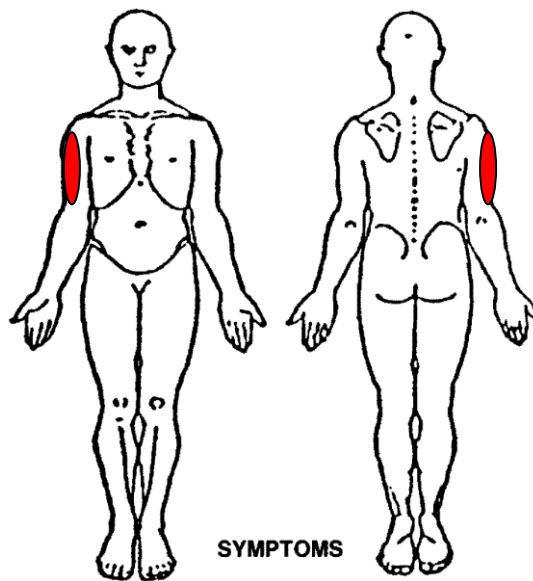
PRINCIPLE OF MANAGEMENT

Education _____

Exercise _____ Frequency _____

Treatment Goals _____

Date _____
 Name 17 Sex F
 Address _____
 Telephone _____
 Date of Birth _____ Age 17
 Referral: GP / Orth / Self / Other _____
 Work School student
 Leisure Tennis
 Postures / Stresses Sitting
 Functional Disability from present episode Stopped tennis
 Functional Disability score _____
 VAS Score (0-10) 8



HISTORY

Present Symptoms Right arm pain
 Present since 2 months *Improving / Unchanging / Worsening*
 Commenced as a result of Fell and landed on outstretched arm *or no apparent reason*
 Symptoms at onset: _____
 Constant symptoms: _____ Intermittent symptoms: Right arm pain
 What produces or worsens Leaning on arm, arm activity

 What stops or reduces Rest

Continued use makes the pain Better Worse No Effect

Pain at rest Yes / No

Disturbed night Yes / No

Other Questions _____

Treatments this episode None

Previous episodes None

Previous treatments None

Spinal history None

Paraesthesia Yes / No

Medications tried NSAIDs Effect Helped now NE

Present medication Nil else

General health Good

Imaging X-ray shoulder and clavicle - NAD

Summary: Acute / Sub-acute / **Chronic** **Trauma** / Insidious onset

Sites for physical examination _____

EXAMINATION

Observation _____

Baseline measurements (pain or functional activity) No pain

Active Movements (note symptoms and range)	PDM	ERP
Flexion - produced pain		√
Abduction - produced pain		√
Lateral Rotation - decreased ROM, produced pain	√	
Passive Movement (+/- over pressure) (note symptoms and range):		
Flexion - produced pain	√	
Abduction - produced pain	√	
Lateral Rotation - full ROM, produced pain	√	
Resisted Test Response (pain)		
Abduction produced pain ++		
Lateral rotation produced pain		

Repeated Tests (choose the most symptomatic from above)

Baseline symptoms	Symptoms response		Mechanical Response		
	During Movement – Produce, Abolish, Increase, Decrease, NE	After Movement – Better, Worse, NB, NW, NE	↑ROM	↓ROM	No Effect
Active movement, passive movement, resisted test					
Flexion	produced	NW			√
Abduction	produced	NW			√
Lateral rotation	produced	NW			√
Resisted abduction	produced ++	NW			√
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 _____

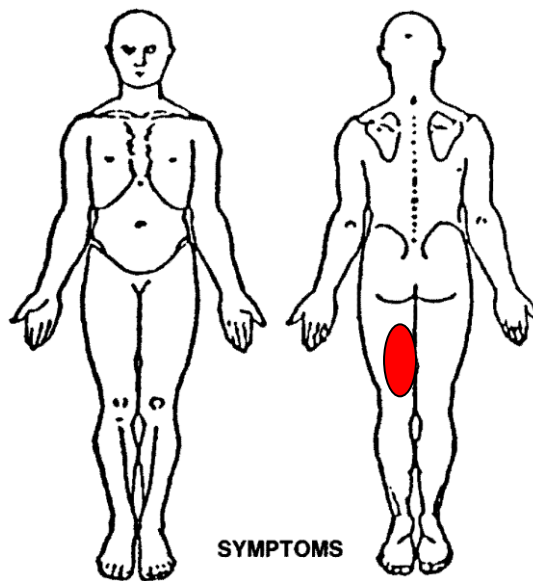
PRINCIPLE OF MANAGEMENT

Education _____

Exercise _____ Frequency _____

Treatment Goals _____

Date _____
 Name 18 Sex M
 Address _____
 Telephone _____
 Date of Birth _____ Age 30
 Referral: GP / Orth / Self / Other
 Work Office work
 Leisure Running
 Postures / Stresses Sitting, running
 Functional Disability from present episode Very limited running
 Functional Disability score _____
 VAS Score (0-10) 4



HISTORY

Present Symptoms Left posterior thigh
 Present since 7 weeks *Improving / **Unchanging** / Worsening*
 Commenced as a result of Whilst sprinting - felt discomfort *or no apparent reason*
 Symptoms at onset: Left posterior thigh
 Constant symptoms: _____ Intermittent symptoms: Left posterior thigh
 What produces or worsens Running, walking (especially if past), sitting on hard seat
 What stops or reduces Rest

Continued use makes the pain Better Worse No Effect

Pain at rest Yes / No

Disturbed night Yes / No

Other Questions _____

Treatments this episode None

Previous episodes None

Previous treatments None

Spinal history None

Paraesthesia Yes / No

Medications tried None Effect _____

Present medication None

General health Diabetic - diet controlled

Imaging None

Summary: Acute / **Sub-acute** / Chronic **Trauma** / Insidious onset

Sites for physical examination Knee, hip, lumbar spine

EXAMINATION

Observation NAD

Baseline measurements (pain or functional activity) None

Active Movements (note symptoms and range)	PDM	ERP
<u>Knee flexion - produced pain</u>	<u>√</u>	
<u>Hip extension - produced pain</u>	<u>√</u>	
<u>Hip flexion with knee extension - produced pain</u>		<u>√</u>
Passive Movement (+/- over pressure) (note symptoms and range):		
<u>Hip flexion with knee extension - produced pain</u>		<u>√</u>
Resisted Test Response (pain)		
<u>Knee flexion - produced pain +</u>		
<u>Hip extension - produced pain</u>		

Repeated Tests (choose the most symptomatic from above) No pain

Baseline symptoms	Symptoms response	After Movement – Better, Worse, NB, NW, NE	Mechanical Response		
			↑ROM	↓ROM	No Effect
Active movement, passive movement, resisted test	During Movement – Produce, Abolish, Increase, Decrease, NE				
Hip all movements in lying	No effect				<u>√</u>
Knee all movements	No effect				<u>√</u>
Resisted knee flexion	Produced	NW			<u>√</u>
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 _____

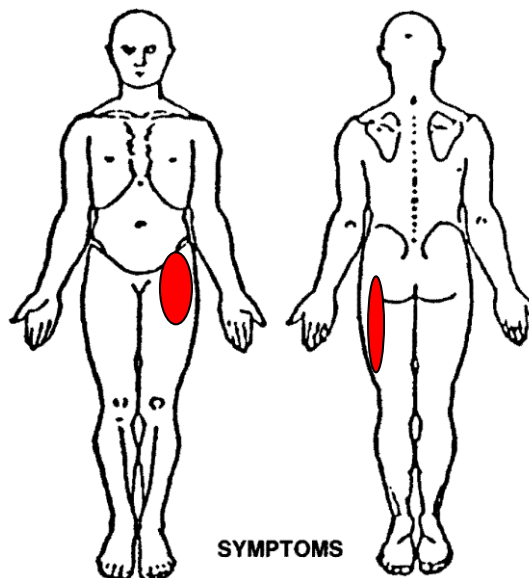
PRINCIPLE OF MANAGEMENT

Education _____

Exercise _____ Frequency _____

Treatment Goals _____

Date _____
 Name 19 Sex F
 Address _____
 Telephone _____
 Date of Birth _____ Age 60
 Referral: GP / Orth / **Self** / Other
 Work Office work
 Leisure Golf
 Postures / Stresses Sitting, walking
 Functional Disability from present episode Slightly less active
 Functional Disability score _____
 VAS Score (0-10) 4



HISTORY

Present Symptoms Left anterior and lateral thigh
 Present since 10 months *Improving / **Unchanging** / Worsening*
 Commenced as a result of _____ **no apparent reason**
 Symptoms at onset: Left anterior thigh
 Constant symptoms: _____ Intermittent symptoms: Left anterior / lateral thigh
 What produces or worsens Walking, standing

 What stops or reduces Sitting

Continued use makes the pain Better **Worse** No Effect

Pain at rest Yes / **No**

Disturbed night Yes / **No**

Other Questions _____

Treatments this episode None

Previous episodes None

Previous treatments None

Spinal history LBP - many episodes

Paraesthesia Yes / **No**

Medications tried None Effect _____

Present medication None

General health Good

Imaging None

Summary: Acute / Sub-acute / **Chronic** Trauma / **Insidious onset**

Sites for physical examination Hip, lumbar spine

EXAMINATION

Observation Poor posture

Baseline measurements (pain or functional activity) None

Active Movements (note symptoms and range)	PDM	ERP
<u>Flexion - reduced ROM, produced pain</u>		√

Passive Movement (+/- over pressure) (note symptoms and range):		
<u>Flexion, medial rotation - reduced ROM, produced pain</u>		√
<u>Extension - produced pain</u>		√

Resisted Test Response (pain)		
<u>Hip movements - no effect</u>		

Repeated Tests (choose the most symptomatic from above)

Baseline symptoms	Symptoms response		Mechanical Response		
	During Movement – Produce, Abolish, Increase, Decrease, NE	After Movement – Better, Worse, NB, NW, NE	↑ROM	↓ROM	No Effect
Active movement, passive movement, resisted test					
Hip flexion	produced	NW			√
Hip medial rotation	produced	NW			√
Hip extension	produced	NW			√

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 _____

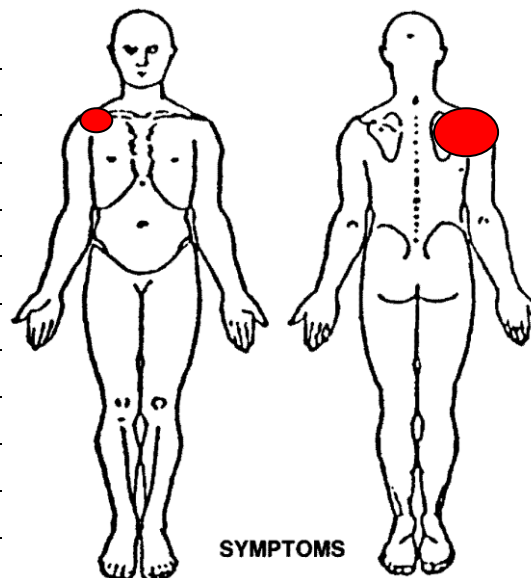
PRINCIPLE OF MANAGEMENT

Education _____

Exercise _____ Frequency _____

Treatment Goals _____

Date _____
 Name 20 Sex M
 Address _____
 Telephone _____
 Date of Birth _____ Age 25
 Referral: GP / Orth / **Self** / Other
 Work Student
 Leisure Squash, archery
 Postures / Stresses Sitting
 Functional Disability from present episode Stopped sport
 Functional Disability score _____
 VAS Score (0-10) 5-7



HISTORY

Present Symptoms Right shoulder and scapular pain
 Present since 4 months Improving / **Unchanging** / Worsening
 Commenced as a result of Archery or no apparent reason
 Symptoms at onset: Right shoulder and scapular pain
 Constant symptoms: _____ Intermittent symptoms: Right shoulder and scapular pain
 What produces or worsens Abduction arm, hand behind back, looking over right shoulder
 What stops or reduces Avoiding aggravating movements

Continued use makes the pain Better Worse No Effect

Pain at rest Yes / No

Disturbed night Yes / No

Other Questions _____

Treatments this episode Ice shoulder self-management

Previous episodes Many episodes over last 4 years, sometimes spontaneously resolves after 2-3 months

Previous treatments Exercises, mobilisation, machines on shoulder - gradually resolves over 2-3 months

Spinal history Not sure

Paraesthesia Yes / No

Medications tried Various Effect No effect

Present medication Paracetamol sometimes

General health Good

Imaging Neck and shoulder x-ray - NAD

Summary: Acute / Sub-acute / **Chronic** Trauma / **Insidious onset?**

Sites for physical examination Neck, shoulder

EXAMINATION

Observation Poor posture, shoulder protracted

Baseline measurements (pain or functional activity) None

Active Movements (note symptoms and range)	PDM	ERP
<u>All shoulder movements produced pain, no loss ROM</u>		√
Passive Movement (+/- over pressure) (note symptoms and range):		
<u>No effect</u>		
Resisted Test Response (pain)		
<u>No effect</u>		

Repeated Tests (choose the most symptomatic from above)

Baseline symptoms	Symptoms response		Mechanical Response		
	During Movement – Produce, Abolish, Increase, Decrease, NE	After Movement – Better, Worse, NB, NW, NE	↑ROM	↓ROM	No Effect
Active movement, passive movement, resisted test					
All shoulder movements	Produce	NW			√
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 produced, 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 _____

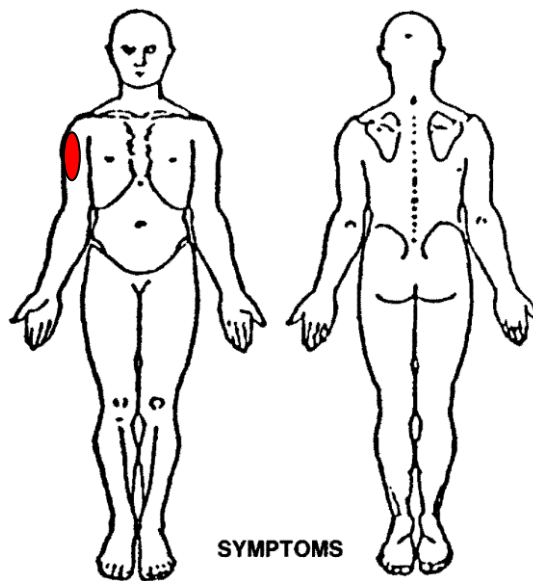
PRINCIPLE OF MANAGEMENT

Education _____

Exercise _____ Frequency _____

Treatment Goals _____

Date _____
 Name 21 Sex F
 Address _____
 Telephone _____
 Date of Birth _____ Age 53
 Referral: GP / Orth / **Self** / Other
 Work Retired
 Leisure Golf
 Postures / Stresses Sitting, golf 3 x a week
 Functional Disability from present episode Stopped golf
 Functional Disability score _____
 VAS Score (0-10) 7



HISTORY

Present Symptoms Right arm pain
 Present since _____ *Improving / **Unchanging** / Worsening*
 Commenced as a result of Turning over in bed? *or no apparent reason*
 Symptoms at onset: Right arm pain
 Constant symptoms: _____ Intermittent symptoms: Right arm pain
 What produces or worsens Arm movements, golf

 What stops or reduces Rest, ice

Continued use makes the pain Better **Worse** No Effect

Pain at rest Yes / **No**

Disturbed night **Yes** / No

Other Questions _____

Treatments this episode None

Previous episodes None

Previous treatments None

Spinal history None

Paraesthesia Yes / **No**

Medications tried NSAID cream Effect No effect

Present medication None

General health Good

Imaging No

Summary: Acute / **Sub-acute** / Chronic **Trauma** ?/ Insidious onset

Sites for physical examination Shoulder, neck

EXAMINATION

Observation Cradles arm

Baseline measurements (pain or functional activity) No pain

Active Movements (note symptoms and range)	PDM	ERP
Shoulder flexion and abduction - produced pain	√	
Shoulder medial rotation - reduced ROM, produced pain	√	
Elbow flexion - produced pain	√	
Passive Movement (+/- over pressure) (note symptoms and range): No effect		
Resisted Test Response (pain) Shoulder flexion - produced pain ++		
Elbow flexion - produced pain ++		

Repeated Tests (choose the most symptomatic from above) No pain

Baseline symptoms	Symptoms response	After Movement – Better, Worse, NB, NW, NE	Mechanical Response		
			↑ROM	↓ROM	No Effect
Active movement, passive movement, resisted test	During Movement – Produce, Abolish, Increase, Decrease, NE				
Shoulder flexion	produced	NW			√
Shoulder abduction	produced	NW			√
Shoulder medial rotation	produced	NW			√
Resisted shoulder and elbow flexion	produced ++	NW			√
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 _____

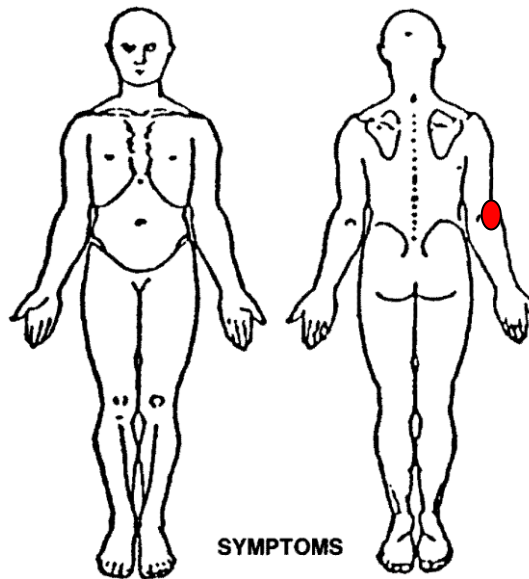
PRINCIPLE OF MANAGEMENT

Education _____

Exercise _____ Frequency _____

Treatment Goals _____

Date _____
 Name 22 Sex F
 Address _____
 Telephone _____
 Date of Birth 32
 Referral: GP / Orth / Self / Other
 Work Post-woman
 Leisure Golf
 Postures / Stresses Walks a lot
 Functional Disability from present episode Affected golf
 Functional Disability score _____
 VAS Score (0-10) 3



HISTORY

Present Symptoms Right elbow pain
 Present since 4 months *Improving / **Unchanging** / Worsening*
 Commenced as a result of Fell onto outstretched hand *or no apparent reason*
 Symptoms at onset: Right elbow pain
 Constant symptoms: _____ Intermittent symptoms: Right elbow pain
 What produces or worsens Arm activities
 What stops or reduces Resting arm in flexed position

Continued use makes the pain Better Worse **No Effect**
 Pain at rest Yes / **No**
 Disturbed night Yes / **No**
 Other Questions _____

Treatments this episode None
 Previous episodes None
 Previous treatments None
 Spinal history Episodes neck pain

_____ Paraesthesia Yes / No
 Medications tried None Effect _____

Present medication None
 General health Good
 Imaging X-ray NAD

Summary: Acute / Sub-acute / **Chronic** **Trauma / Insidious onset**
 Sites for physical examination 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		√
Passive Movement (+/- over pressure) (note symptoms and range):		
Elbow flexion - full ROM, no pain		
Elbow extension - minor loss ROM, pain		√
Resisted Test Response (pain)		
NAD		

Repeated Tests (choose the most symptomatic from above)

Baseline symptoms	Symptoms response		Mechanical Response		
	During Movement – Produce, Abolish, Increase, Decrease, NE	After Movement – Better, Worse, NB, NW, NE	↑ROM	↓ROM	No Effect
Active movement, passive movement, resisted test					
Extension	produced	NW			√
Flexion	NE	NE			√
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 _____

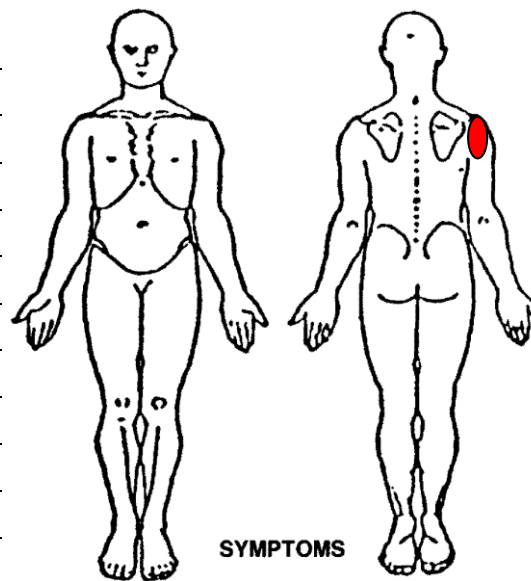
PRINCIPLE OF MANAGEMENT

Education _____

Exercise _____ Frequency _____

Treatment Goals _____

Date _____
 Name 23 Sex M
 Address _____
 Telephone _____
 Date of Birth _____ Age 64
 Referral: GP / Orth / Self / Other
 Work Retired
 Leisure Walks
 Postures / Stresses _____
 Functional Disability from present episode Reaching activities
 Functional Disability score _____
 VAS Score (0-10) 4-6



SYMPTOMS

HISTORY

Present Symptoms Right shoulder pain
 Present since 8 months *Improving / **Unchanging** / Worsening*
 Commenced as a result of _____ no apparent reason
 Symptoms at onset: Right shoulder
 Constant symptoms: _____ Intermittent symptoms: Right shoulder pain
 What produces or worsens Hand behind back, reaching up or out to side

 What stops or reduces Arm at rest or mid-range

Continued use makes the pain Better Worse No Effect
 Pain at rest Yes / No
 Disturbed night Yes / No Occasionally
 Other Questions Was much worse initially then got easier, but no change last few months

Treatments this episode Ultrasound, mobilisations - has not been much help
 Previous episodes None
 Previous treatments None
 Spinal history Episodes back and neck pain

Paraesthesia Yes / No

Medications tried NSAIDs, analgesics Effect Helped at first but not later
 Present medication None
 General health Good
 Imaging None

Summary: Acute / Sub-acute / **Chronic** Trauma / **Insidious onset**
 Sites for physical examination Shoulder

EXAMINATION

Observation _____

Baseline measurements (pain or functional activity) No pain

Active Movements (note symptoms and range)	PDM	ERP
Flexion and abduction 140°, produced pain		√
Hand-behind-back (HBB) - to lower lumbar spine, produced pain		√
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		√
Resisted Test Response (pain)		
No effect		

Repeated Tests (choose the most symptomatic from above)

Baseline symptoms	Symptoms response		Mechanical Response		
	During Movement – Produce, Abolish, Increase, Decrease, NE	After Movement – Better, Worse, NB, NW, NE	↑ROM	↓ROM	No Effect
Active movement, passive movement, resisted test					
Flexion	produced	NW			√
HBB	produced	NW			√
Lateral rotation	produced	NW			√
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 _____

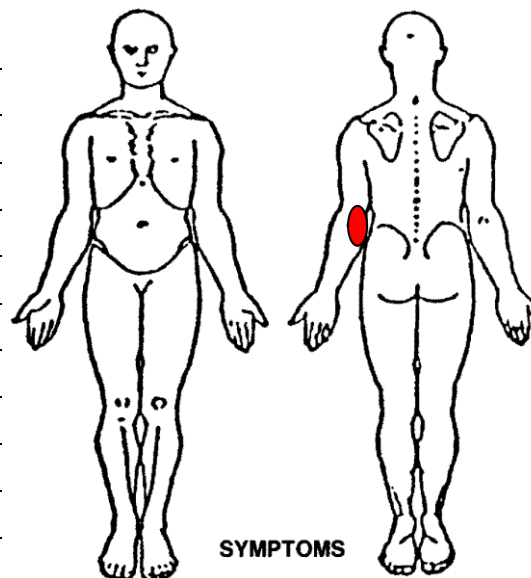
PRINCIPLE OF MANAGEMENT

Education _____

Exercise _____ Frequency _____

Treatment Goals _____

Date _____
 Name 24 Sex M
 Address _____
 Telephone _____
 Date of Birth _____ Age 34
 Referral: *GP / Orth / **Self** / Other* _____
 Work Builder
 Leisure Darts
 Postures / Stresses Heavy labour
 Functional Disability from present episode Still working
 Functional Disability score _____
 VAS Score (0-10) 2-5



HISTORY

Present Symptoms Left elbow pain
 Present since 4 months *Improving / Unchanging / **Worsening***
 Commenced as a result of _____ ***no apparent reason***
 Symptoms at onset: Left elbow pain
 Constant symptoms: _____ Intermittent symptoms: Left elbow pain
 What produces or worsens Arm activity, especially lifting and carrying

 What stops or reduces Resting arm in mid range

Continued use makes the pain Better **Worse** No Effect
 Pain at rest **Yes** / No *Sometimes after lot of lifting*
 Disturbed night *Yes* / **No**
 Other Questions Over 4 months symptoms come and go but overall getting worse (lasting longer, coming on more easily)

Treatments this episode None
 Previous episodes None
 Previous treatments None
 Spinal history Occasional brief episodes neck and back pain

Paraesthesia Yes / No

Medications tried NSAID Effect No effect
 Present medication None
 General health Good
 Imaging None

Summary: *Acute / Sub-acute / **Chronic*** *Trauma / **Insidious onset***
 Sites for physical examination Elbow

EXAMINATION

Observation NAD

Baseline measurements (pain or functional activity) Slight ache

Active Movements (note symptoms and range)	PDM	ERP
Flexion - limited ROM, increased pain	√	
Extension - limited ROM, increased pain		√
Passive Movement (+/- over pressure) (note symptoms and range):		
Flexion - limited ROM, increased pain	√	
Extension - limited ROM, increased pain		√
Resisted Test Response (pain)		
No effect		

Repeated Tests (choose the most symptomatic from above)

Baseline symptoms	Symptoms response		Mechanical Response		
	During Movement – Produce, Abolish, Increase, Decrease, NE	After Movement – Better, Worse, NB, NW, NE	↑ROM	↓ROM	No Effect
Active movement, passive movement, resisted test					
Extension	increase	Worse		√	
Flexion	decrease	Better	√		
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 _____

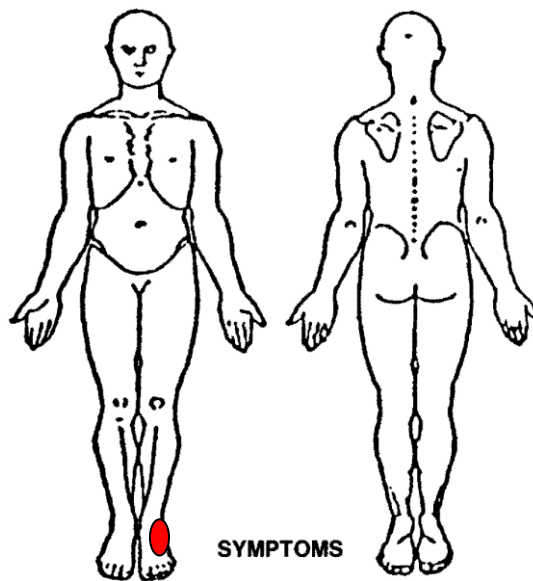
PRINCIPLE OF MANAGEMENT

Education _____

Exercise _____ Frequency _____

Treatment Goals _____

Date _____
 Name 25 Sex F
 Address _____
 Telephone _____
 Date of Birth _____ Age 38
 Referral: GP / Orth / Self / Other _____
 Work Secretary
 Leisure Young children
 Postures / Stresses Sitting
 Functional Disability from present episode Reduced activity
 Functional Disability score _____
 VAS Score (0-10) 3



HISTORY

Present Symptoms Left ankle pain
 Present since 3 months *Improving / Unchanging / Worsening*
 Commenced as a result of Slipping off kerb *or no apparent reason*
 Symptoms at onset: Left ankle pain, swelling and discoloured
 Constant symptoms: _____ Intermittent symptoms: Left ankle pain
 What produces or worsens Walking a lot, twisting ankle, pointing toes away

 What stops or reduces Rest non-weight-bearing

Continued use makes the pain Better Worse No Effect (mostly)
 Pain at rest Yes / No
 Disturbed night Yes / No
 Other Questions _____

Treatments this episode Ice, ultrasound, mobilisations - was getting better, but now stopped improving
 Previous episodes None
 Previous treatments None
 Spinal history None

Paraesthesia Yes / No

Medications tried NSAID Effect Helped initially
 Present medication None
 General health Good
 Imaging X-ray - NAD
 Summary: Acute / Sub-acute / **Chronic** **Trauma** / Insidious onset
 Sites for physical examination Ankle

EXAMINATION

Observation NAD

Baseline measurements (pain or functional activity) No pain

Active Movements (note symptoms and range)	PDM	ERP
Plantarflexion - produced pain		√
Inversion - reduced ROM, produced pain		√
Passive Movement (+/- over pressure) (note symptoms and range):		
Plantarflexion - produced pain		√
Inversion - reduced ROM, produced pain		√
Resisted Test Response (pain)		
No effect		

Repeated Tests (choose the most symptomatic from above)

Baseline symptoms	Symptoms response		Mechanical Response		
	During Movement – Produce, Abolish, Increase, Decrease, NE	After Movement – Better, Worse, NB, NW, NE	↑ROM	↓ROM	No Effect
Active movement, passive movement, resisted test					
Plantarflexion	Produce	NW			√
Inversion	Produce	NW			√
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 _____