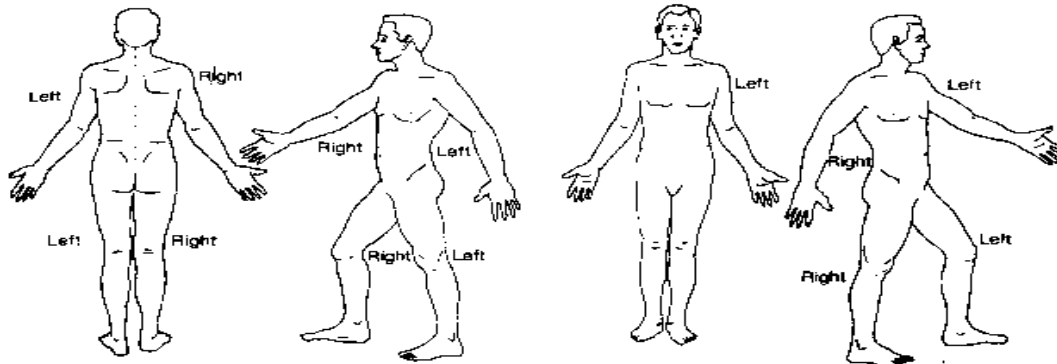


PIM – Physiotherapy and Injury Management

Surname:
Given Name:
Client ID:
Location:



SUBJECTIVE DATA

PRESENTING PROBLEM:

CURRENT HISTORY:

PAST HISTORY:

SYMPTOMS: MORNING / DAY:

AT NIGHT:

GENERAL HEALTH:

MEDICATIONS:

XRAYs:

PIM – Physiotherapy and Injury Management

Surname:
Given Name:
Client ID:
Location:

OBJECTIVE DATA

OBSERVATIONS:

RANGE OF MOVEMENT:

Csp:

Flexion

Extension

Thsp:

Rotation - L
- R

Lsp:

Flexion

Extension

UL:

Shoulder Elevation – L
- R

Overpressure
Overpressure

Wrist Extension - L
- R

LL

Squat – ROM

- Sustained 10 seconds

STRENGTH:

PALPATION:

GAIT:

PROGRAM:

PROGRAM COMMENCED:

Signature: _____

Date: _____