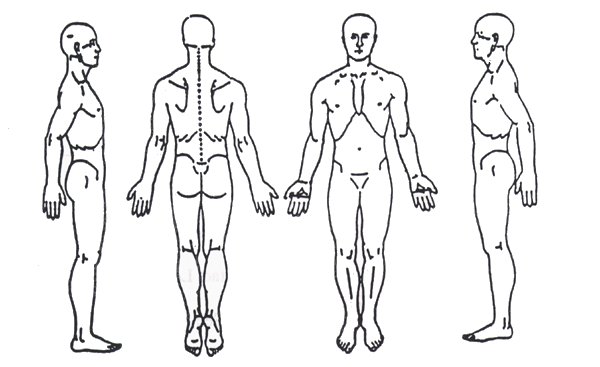
**Subjective Examination – Sports Therapy Date**................................  
  
Client Name...................................................................................... DOB..................................  
Address.......................................................................................................................................  
**Therapist Name**.........................................................................................................................  
  
**Consent for Assessment and treatment: Yes/No  
Medical form completed and attached: Yes/No**Current issue (VAS pain and pain presentation etc): .......................................................................................................................................................................................................................................................................................................  
.................................................................................................................................................... .................................................................................................................................................... ....................................................................................................................................................  
Relieving Factors:  
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Aggravating factors:  
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Other diagnosis (x-ray/MRI) and treatments performed and rehabilitation assigned:  
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Other comments:  
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**Objective Examination – Sports Therapy**Clinical impression from subjective: .................................................................................................................................................... ....................................................................................................................................................Observation (oedema, hematoma, heat, redness, obvious deformities):  
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Palpation (specific area of palpation and pain):  
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**Assessment:  
Joint above cleared?** (circle) **+ve -ve Joint below cleared?** (circle) **+ve -ve**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Joint Movement | Active | | Passive | | Resisted (1-5) | |
|  | Left | Right | Left | Right | Left | Right |
|  |  |  |  |  |  |  |
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| --- | --- | --- |
| Special Test | Result (+ve or –ve) | Comments |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Treatment performed:  
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Rehabilitation and/or further programme of exercise assigned to client:  
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Client Signed...................................................................................Date.....................................  
Therapist Signed.............................................................................Date.....................................