**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): .......................................................................................................................................................................................................................................................................................................
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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**

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