

Assessment Strategies for Manual Therapists

Seeking Somatic Harmony and Osseofascial Balance
For Chronic Pain Patients

CONFIDENTIAL

Patient Case History, Consents and Treatment Records

INITIAL CONSULTATION

STUDENT

TUTOR

DATE

PATIENT INFORMATION

NAME

DATE OF BIRTH

TREATMENT STATUS

ACTIVE

☐

COMPLETED / INACTIVE

☐

REVIEW DATE:

PATIENT INFORMATION

Name

Address

Date of Birth

Age

Contact Number

Email Address

Indicate here if you consent to be contacted by SMS

☐

Indicate here if you consent to be contacted by Email

☐

Patient's Consent Manual Therapy Treatment

☐

Signature

Occupation

Workplace Assessment

☐

Settled

☐

Manual

☐

Sedentary

☐

Mixed

☐

Leisure Activities

Domestic Responsibilities

Childcare Responsibilities

G. P. Name

Address

PATIENT CONDITION

1° Complaint (refers to current complaint)

Site and Referral

Onset

Cause (Trauma / Micro Trauma / Insidious)

Nature (Ascending or Descending)

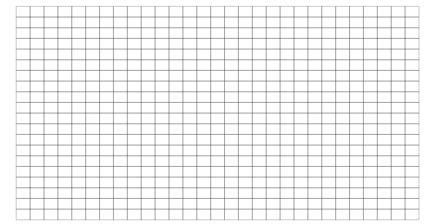
History

Relieving

Aggravating

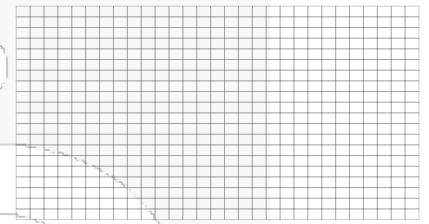
NAF (Non-Aggravating Factors)

Daily Pattern Pain and Stiffness



AM NOON PM

Night Pain

☐

PM AM

Pain Rating

1

2

3

4

5

6

7

8

9

10

Symptom Association

2° Complaint / 3° Complaint (this could be current or historical)

Symptoms



Resolved

☐

Plateau

☐

Masking

☐

Multifocal

☐

G.P. Referral

☐

Medication Prescribed

SYSTEMIC REVIEW

Neurological

H/A/P/N Nausea vomit FFBo

Gait Memory coordination tremor

HEIGHT

WEIGHT

↑ ↓ K

C.V.S.

chest pain palps Faints SOB claudication

Resp.

smoking asthma SOB cough sputum

REASON

G.I.T.

const diarr frequency flatus blood abd pain bloating

G.U.

change to frequency, colour, odour, H₂O

TIMESCALE

MENSES

Change, dysmenn, amenr, mid cycle, contraception

OBSTRETICS

no. children, healthy pregnancy ?, spd ?

FAMILY HISTORY

PAST MEDICAL HISTORY

Last visit to G.P.

Medications

Surgery

Accidents/Injuries

R.T.A

#

SERIOUS ILLNESSES

X-Ray/MRI

Investigations

PAST MUSCULOSKELETAL HISTORY

X-Ray/MRI

Investigations

FLAGGING

N/I

RED

YELLOW

ORANGE

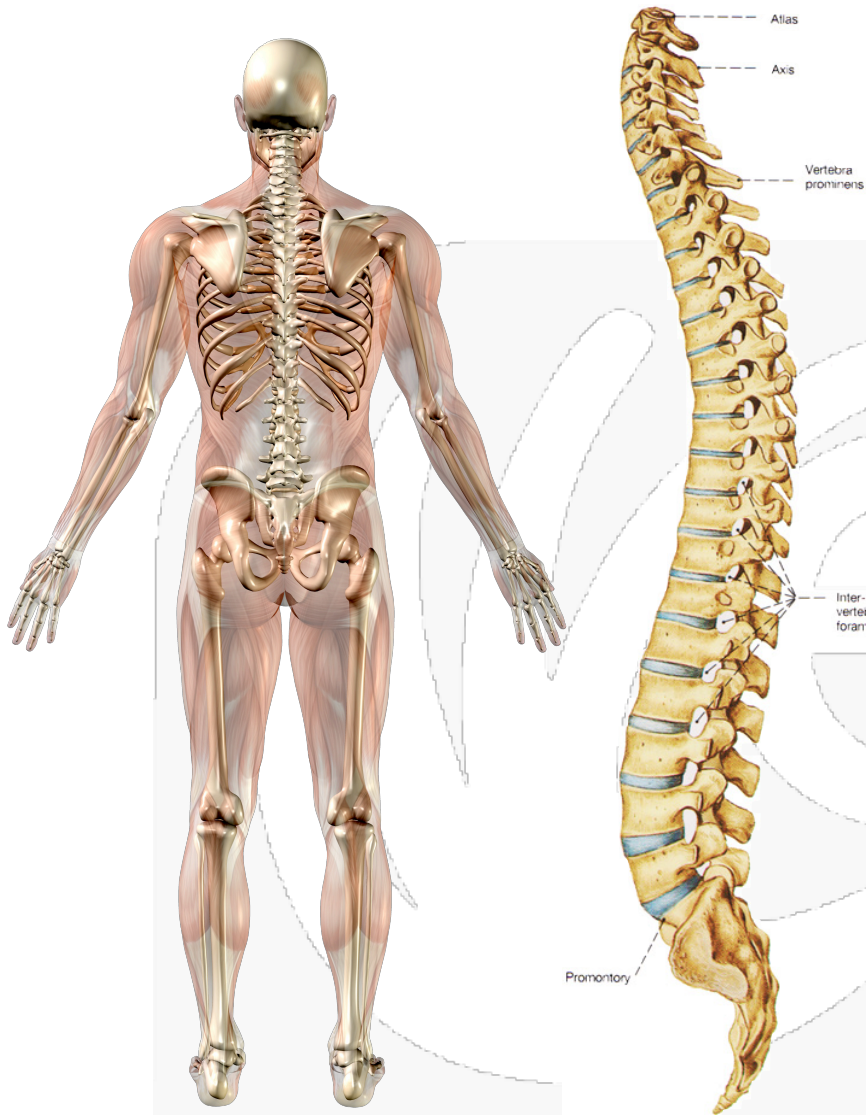
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JUSTIFICATION

VISUAL AND PALPATORY EXAMINATION

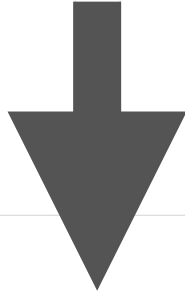
Observations Palpatory Findings



SITTING EXAMINATION

PASSIVE EVALUATION

SPECIAL TESTS AND RESULTS



TISSUE CAUSING SYMPTOMS

REASONING

ACUTE

☐

CHRONIC

☐☐

PREDISPOSING AND MAINTAINING FACTORS

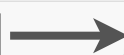
STRESSOR / SALUTOGENIC FACTORS (health, stress, and coping)

WORKING HYPOTHESIS / DIFFERENTIAL DIAGNOSIS

SUITABLE FOR MANUAL THERAPY INTERVENTION

YES ☐
↓

NO ☐



☐ Appropriate Referral / Correspondence

☐ Consent Form



EXPLANATION GIVEN TO PATIENT

CAUTIONS / CONTRA INDICATIONS

PROGNOSIS

Short Term

Long Term

PROPOSED INITIAL TREATMENT

D.R.O.P. / Patient Consent

PATIENT MANAGEMENT

TREATMENT PLAN		METHODS
SHORT	→	
MEDIUM	→	
LONG	→	

EXPECTATIONS

INITIAL TREATMENT

ADVICE GIVEN TO PATIENT

COMMENTS

NEXT APPOINTMENT

THERAPIST SIGNATURE

DATE

LAST APPOINTMENT

Pain Scale

1

2

3

4

5

6

7

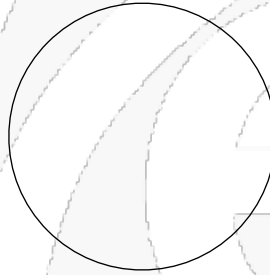
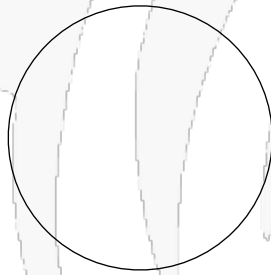
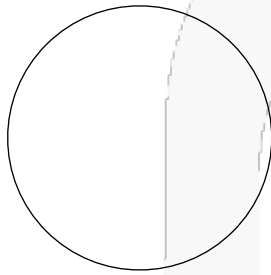
8

9

10

RESPONSE TO TREATMENT

EXAMINATION



FUNCTIONAL CHANGES

TREATMENT

DIFFERENTIAL DIAGNOSIS

ADVICE AND NEXT APPOINTMENT

THERAPIST SIGNATURE

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NOTES:





johnsharkeyevents.com

Special thanks also to the NTC in Ireland
ntc.ie

johnsharkeyevents.com