

# 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

Therapist:

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

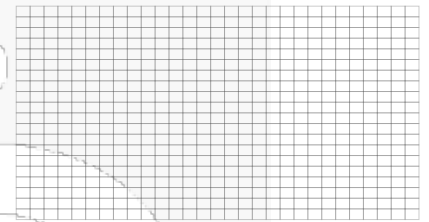
NAF (Non-Aggravating Factors)

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

REASON

### G.I.T.

const diarr frequency flatus blood abd pain bloating

### G.U.

change to frequency, colour, odour, H<sub>2</sub>O

### MENSES

Change, dysmenn, amenr, mid cycle, contraception

### OBSTRETICS

no. children, healthy pregnancy ?, spd (Symphysis Pubis Dysfunction)?

TIMESCALE

## 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

BLUE

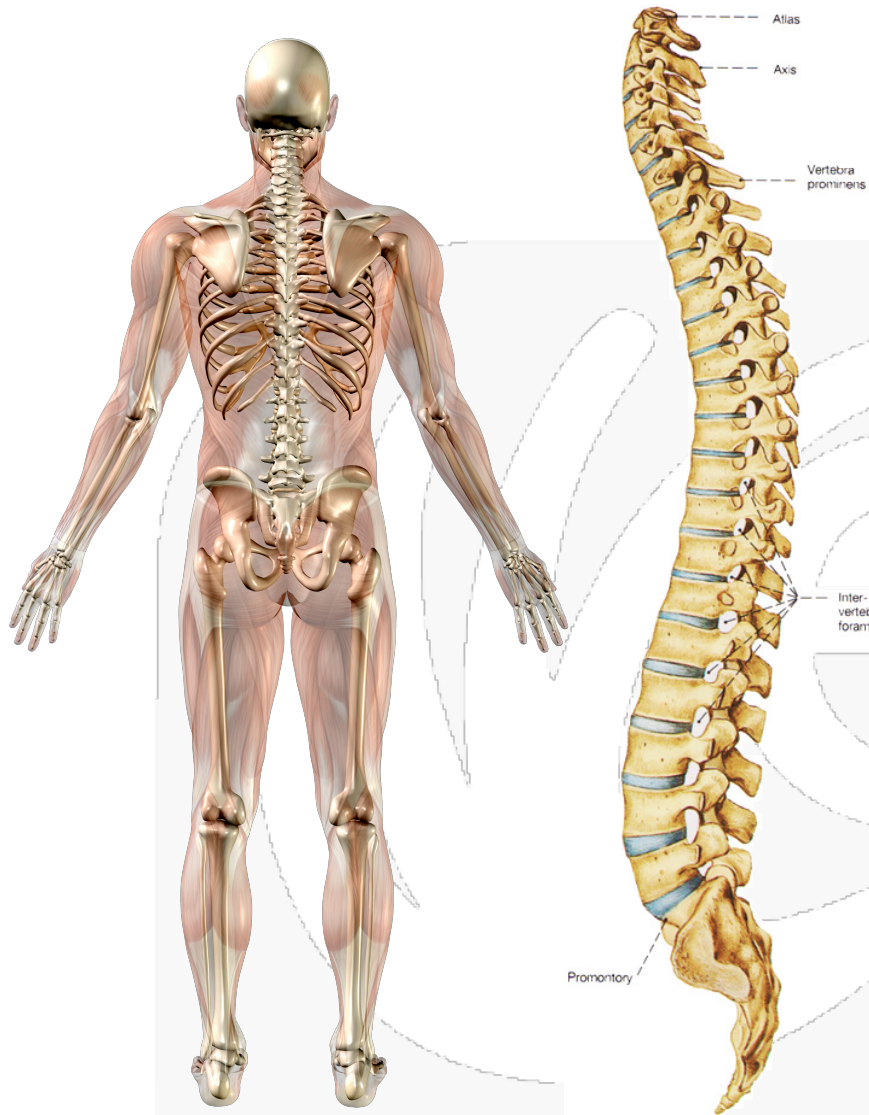
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JUSTIFICATION



## VISUAL AND PALPATORY EXAMINATION

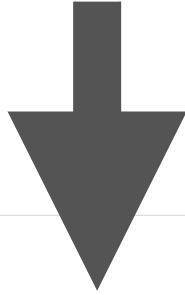
### Observations Palpatory Findings



SITTING EXAMINATION

PASSIVE EVALUATION

SPECIAL TESTS AND RESULTS



TISSUE CAUSING SYMPTOMS

REASONING

ACUTE

☐

CHRONIC

☐☐

PREDISPOSING AND MAINTAINING FACTORS

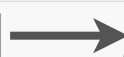
STRESSOR / SALUTOGENIC FACTORS (health, stress, and coping)

## 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

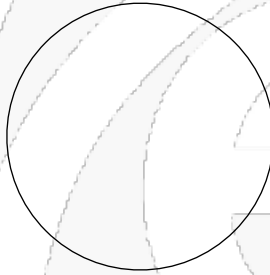
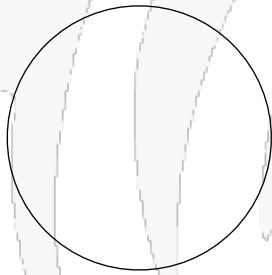
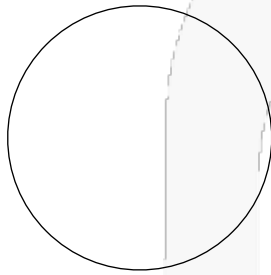
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9

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## RESPONSE TO TREATMENT

### EXAMINATION



FUNCTIONAL CHANGES

TREATMENT

### DIFFERENTIAL DIAGNOSIS

ADVICE AND NEXT APPOINTMENT

THERAPIST SIGNATURE

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NOTES:





[johnsharkeyevents.com](http://johnsharkeyevents.com)

Special thanks also to the NTC in Ireland  
[ntc.ie](http://ntc.ie)

[johnsharkeyevents.com](http://johnsharkeyevents.com)