Sports Injury Clinic

KSA
KENT SPORTS ACADEMY

PERSONAL DETAILS:

Date: D D M M Y Y Y Y

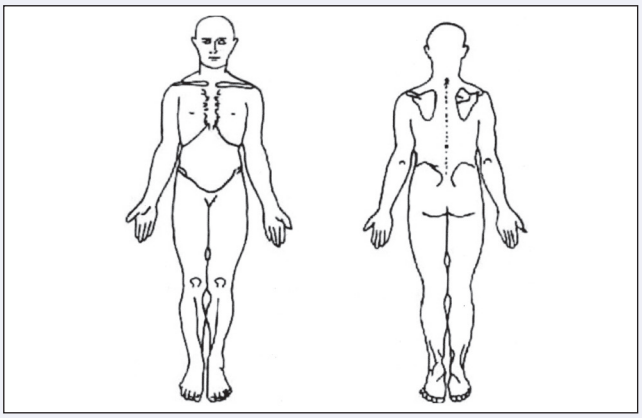
Full name:	
Address:	
	Postcode:
Date of Birth:	D D M M Y Y Y Y
Contact number:	Email:
Marital status:	
Occupation:	
Doctor:	
Address:	
General Health:	
Medications:	
Past Medical History: (previous operations, accidents, illness, other health problems)	
Sport / Exercise: (type, level, position, competition, training (intensity, frequency, duration))	
Main problem:	
History of the Present Condition: (when, activity, mechanism)	
Aggravating:	
Easing:	
Sleep:	
24 hour pain:	

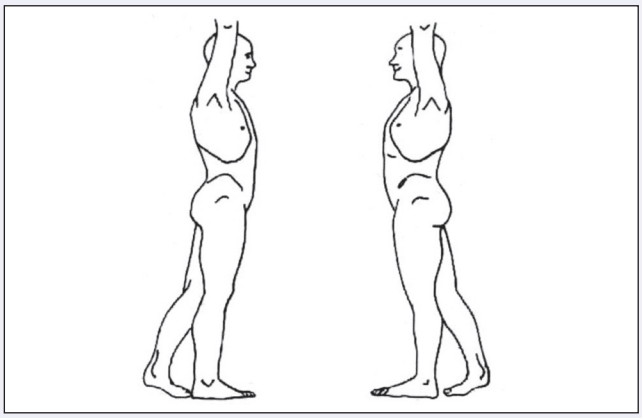
Observation:

Touch:

S
I
N

ASSESSMENT:





MOVEMENTS	ACTIVE		PASSIVE		RESISTED		ACCESSORY
	R	L	R	L	R	L	

MUSCLE	RESISTED ISOMETRIC		THROUGH ROM		LENGTH	
	R	L	R	L	R	L

Palpatation:	
Joints above & below:	
Ligaments:	
Special & Functional Tests:	

SPECIAL QUESTIONS:

C/S	B/B	P/N	NUMBNESS	HEADACHE

SPECIAL TESTS:

TEST	WARNING GIVEN	I/C	+/-ve	TEST	WARNING GIVEN	I/C	+/-ve
VAI				DERMATOME			
REFLEXES				SLUMP			
MYOTOME				SLR			

ACCESSORIES:

	←	↓←	↓	←	↓	→	↓→	→
C2								
C3								
C4								
C5								
C6								
C7								
T1								
T2								
T3								
T4								
T5								
T6								
T7								
T8								
T9								
T10								
T11								
T12								
L1								
L2								
L3								
L4								
L5								

CLIENT NAME:

Aims:	
Long Term Goals (LTG):	
Short Term Goals (STG):	1.
	2.
	3.
	4.
Objective Marker(s):	

DATE:	TREATMENT:	OUTCOME: