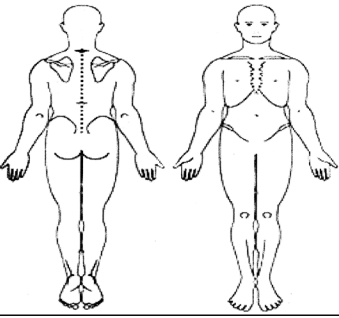


Problem #	Hip R L	Initial Eval	Re-Exam 1	Re-Exam 2	Re-Exam 3	
	Date					
	VAS					
	LEFS					
	% Subjective Improvement					
	Subjective Complaints					
	ROM					
	Flexion / 125					
	Extension / 15					
	Abduction / 45					
	Adduction / 0					
	External rotation / 45					
	Internal rotation / 45					
	Directional Preference					
	Orthopedic					
	SI	SI Distraction				
		SI Compression				
		Sacral Thrust				
		Thigh Thrust				
	OA	C- Sign				
		Hip Scour				
FADIR						
FAI	FABER					
	Hip Posterior Impingement					
	Log Roll					
	Hip Quadrant					
GTPS	Ober Test					
	Overhead Squat Test					
	Trendelenburg					
LCS	Thomas					
	Beatty Test					
	Frieburg					
Piriformis	Piriformis Sign					
	Doormat Sign					
	Hamstring Drag Test					
Hams	Modified Slump					
Radic.	Pelvic Compression Test					
Meralgia						
Neurologic						
Dermatomes						
Myotomes						
Reflex						
Mensuration						
Palpation						
Trigger Points & Tenderness						
Intersegmental Restriction						
Gait, Posture, and Function						
<input type="checkbox"/> Lower Crossed Syndrome						
<input type="checkbox"/> HAB Weakness Cluster						
<input type="checkbox"/> Foot Hyperpronation Cluster						
<input type="checkbox"/> Breathing Evaluation						
Plan		O	R	R	S	
Treatments	/ Visits	/ Visits	/ Visits	/ Visits	/ Visits	
Time Frame	weeks	weeks	weeks	weeks	weeks	
Treatment Outcome Goal	%	%	%	%	%	
O:						
P↑:						
P↓:						
Q:						
Dx:						
Comments:						