

# YOUR LOGO

## Your Recommended Action Plan

28/05/2014

### Patient Name:

### Reason for consulting practitioner:

- Neck/shoulder pain with restriction of range of movement and headaches.

### Objective Exam Results:

#### Range of movement:

- Decreased range of neck motion in flexion (bending forward), rotation to both sides and lateral flexion (side bending).

#### Palpation:

- Increased muscle spasm through the upper trapezius, levator scapulae, scalene, and sternocleidomastoid musculature (upper) bilaterally.
- Spasm in thoracic erector spinae muscle bulk.
- Global stiffness through cervical and upper thoracic facet joints bilaterally.

### Assessment (diagnosis):

- (1) Dysfunction of the cervical and thoracic facet joints causing restriction in ROM and cervicogenic headaches.
- (2) Muscular spasm.

The above issues are impacted on by postural and musculature deficits that need to be addressed.

### Recommended treatment techniques:

- Spinal mobilization to correct dysfunction.
- Soft tissue massage.
- Reduce pressure on spinal nerves.
- Anti-inflammatories.
- Strengthening program once acute symptoms have settled appropriately to prevent recurrence and worsening of condition.

**Other recommended services:**

- Supplement glucosamine and/or chondrosamine complex.
- Digital/computer postural/spinal assessment.
- XR to be requested (referral form provided).

**Further management procedures:**

Application of heat packs daily for 1 month. Reassess 1 month after completion of therapy to prevent recurrence and likelihood of disc involvement/spinal osteo-arthritis down the track.

Most spinal patients report symptoms return once a year with worsening effect each episode and this can be avoided by simply reassessing when symptoms are dormant.

**Recommended treatment/action plan:**

*(Aim to prevent recurrence and referral of symptoms)*

**XX times per week for next XXX weeks**

**Reassess at this point to determine next appropriate plan**

**Additional important information:**

Rehabilitation isn't a quick fix and becomes longer depending on age and the extent of imbalance and degeneration of the affected area. It is very important to attend reassessment as cervical (neck) injuries often relapse and to a further degree if not rehabilitated to 100%.

The recommendations in your particular case are based on the above as well as your history and examination findings and my clinical experience with many cases like yours.

These are estimates only and our plan may change subject to how your condition improves with treatment.