

Name _____ Session# _____ Date _____

Progress after last session _____

Area & Level of Pain/Tightness _____

Strength/Flexibility/ROM _____

Progress & Consistency of Correctives/Physical Activity _____

Stress _____ Sleep _____ Meds _____

Comments _____

Areas Treated: **Glutes** qf b co **TFL** qf b co **LB** qf b co **UB** qf b co **Scap** qf b co **Lat Scap** qf b co
Traps qf b co **Post Neck** qf b co **Face** qf b co **Ant Neck** qf b co **Pects** qf b co **Axilla** qf b co
Deltoid qf b co **Bicep** qf b co **Tricep** qf b co **Ant Forearm** qf b co **Post Forearm** qf b co **Hand** qf b co
ABD qf b co **Groin** qf b co **Quads** qf b co **Hams** qf b co **ITT** qf b co **Add** qf b co **Post Leg** qf b co
Ant Leg qf b co **Foot** qf b co

Other/Comments _____

Key Areas/Trigger Points _____

Area & Level of Pain/Tightness _____

Strength/Flexibility/ROM _____

Back Limbering _____ Side Lying Stretch _____ Cat Back _____ Thread the Needle _____ Door Knob Stretch _____
Shoulder Shrug Series _____ Trapezius Stretch _____ Neck Rest _____ Doorway Stretches _____ Snap & Stretch _____
Backstroke _____ Shoulder Rotations _____ Lat Overhead Reach _____ X-Tra Stretch Forearm _____ Crib Rock _____
Standing Groin Stretch _____ Knee Bends _____ Flex Bounce _____ X-Overs _____ Thigh Shift _____ Hip Wags _____
Hip Twist _____ Calf Stretch _____ Instep Stretch _____ Heel Lift _____ Edging _____ Roll Outs _____ Toe Lifts _____

Other/Comments _____

Plan _____