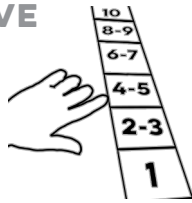




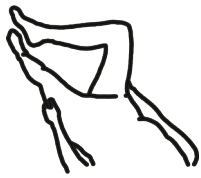
PATIENT NAME:

START DATE:

SUBJECTIVE



OBJECTIVE ANALYSIS



Dislocation?



Osteoarthritis?



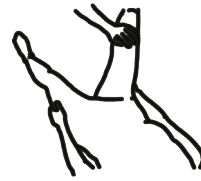
Tendinopathy/
bursitis?



Fracture?



Impingement?



Adductor
tendinopathy?

TREATMENT



Repeat assessment
on next visit

DISCHARGE DATE:

OUTCOME: