**John Smith** **D.O.B- December 11, 1980**

RMT Background: completed a 3 year Massage Therapy program at Humber Collage. I have been working at a variety of placement such as rehabilitation clinic and sport centers. For the past 2 year I have been a part of Vitality Health and Wellness Clinic’s intraprofessional team. John Smith came into my clinic 4 months ago and has been a patient of mine ever since.

 John Smith is a 31 year old male that works as an assembly line worker. His job involves assembling products on a conveyor built while standing for 6 to 8 hours a day, 5 days of the week. He came into the clinic complaining of chronic pain in his lower back.

**Initial Visit-Assessment**

*Subjective assessments*

**Health history**- Diabetes, high cholesterol

**Pain Assessment**-Client has been experiencing constant pain and discomfort for the past 4 years and has been slowly increasing in the last 2 years. The pain is constant and tender when palpated and is increased with long period of immobility and standing. This pain is affecting John’s ability to work for longer than 6 hours, which is preventing him from making enough money to afford essential life needs.

*Objective Assesments*
**Blood pressure**- 145/90
**Vitals**- 16 breaths per minute, 52 beats per minute.
 **Postural Assessment**- Hyperlordosis, Anterior pelvic tilt and hyperextension of the knees **Palpation**- Hypertonic Erector spinea, Quadratus Lumborum, Iliopsoas, Rectus Femoris and Sartorius Muscles.

**Range Of Motion of Lower Back (Thoracolumbar Spine**) - Significantly reduced range on motion in flexion (50%), lateral flexion (35%) and rotation (30%). Passive Range of Motion- test for flexion could not be performed due to significant pain in lumbar spine, limited motion in lumbar spine (L1-L5). Manual muscle testing proved weakened Extensor, Side flexors and Back rotator and trunk flexor muscles (QL, Multifidus and erector spinae, External Obliques).

**Range of Motion of the Hip (Glenohumoral joint)** Active- Reduced range of motion of the hip in extension (20%), Adduction (10%). Passive- extension and adduction –normal end feel but tissue movement is limited (tissue stretch). Resisted and Manual Muscle testing- Weakness in Glute and Hamstring muscles (Biceps femoris and Semitendinosus and Semimembranosus and Gluteus Maximus).

**Special Orthopedic Tests**- ruled out any fixation of the innominate bone (Femur) by performing (negative)
**Gillets test-** negative

Treatment plan

Given the result of the assessments that I performed I confirmed my hypothesis, which was that Mr. Smith was experiencing this prolonged pain due to the postural malaligment (HyperLordosis). Knowing this I made a treatment plan with a focused outcome of reducing his lower back pain, improving his posture by increasing the range of motion in Lower back (thoracolumbar spine) and hips (Glenohumeral) and strengthening his weak muscles.

To accomplish these goals I have been using techniques such as muscle stripping, specific compression and petrissage so release hypertension of lower back muscle and hip flexors. I also used specific compression in the hypertonic as well as the weak, hypotonic muscles in order to release any trigger points (knots) that were present in the erector, QL, iliopsoas or rectus muscles. In order to get more movement in both lumbar joints and hip joint I also performed joint mobilization grade 3, which helps the surrounding joint tissue to be manipulated and lengthened. In order to strengthen his weakened muscles I did some PNF stretches (therapist assisted) and prescribed home exercises for strengthening of glutes, hamstring and abdominal muscles.

Since John has had chronic back pain for the past five years it will most likely take longer to achieve our goal. This is why I made initial treatment plan which is once a week for one hour for 12 weeks. After this period was finished I reassessed him and it turned out that he had a lot of improvement. He was no longer experiencing severe pain while standing for long periods of time only with movement. Mrs. Smith also had more range of motion in hip and lower back. Our goal was to get full range of motion in both joints and improve his posture. Althought his posture is improving slowly we needed more time to work on these imperaments. This is why after assessing his I made another treatment plan for him to come see me once every week for an hour for 6 weeks. We are now currently in the second week of his second treatment plan.

If you require any further information please don’t hesitate to contact me.

 Sinceraly,

Dessy Botzeva