

Date: Session # _____

Pain Type : Acute / Chronic Duration: _____ Days _____ Weeks _____ Years

Reported Symptoms: _____

Sx Cause: Accident Poor Ergonomics Posture F-BOMS Other: _____

Number Of F-BOMs: Left _____ Right _____

Thickest F-BOM size: 1/4" 1/2" 3/4" 1" 1"+

Total Degree of Trapezius Muscle Affected: 100% 75% 50% 25%

Side Most Affected: LEFT / RIGHT / BOTH

Forward Head Carriage: YES / NO

Severity of Forward Head Carriage: SEVERE / MODERATE / MILD / NONE

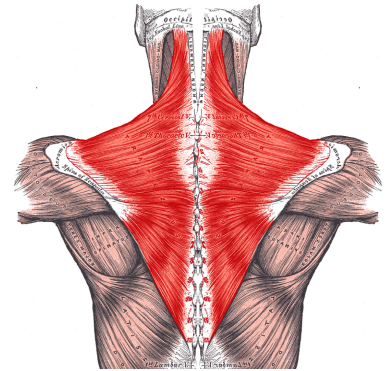
ROM in Neck / Arm / Other Improvement: _____ to _____

Pain Scale: 1 2 3 4 5 6 7 8 9 10

Overall % Improvement: 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

Reduction in F-BOM size: YES / NO (L) _____ size (R) _____ size

ADDITIONAL NOTES:



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