

Case study form

Student's name: _____ Case study # _____

Instructor's name: _____

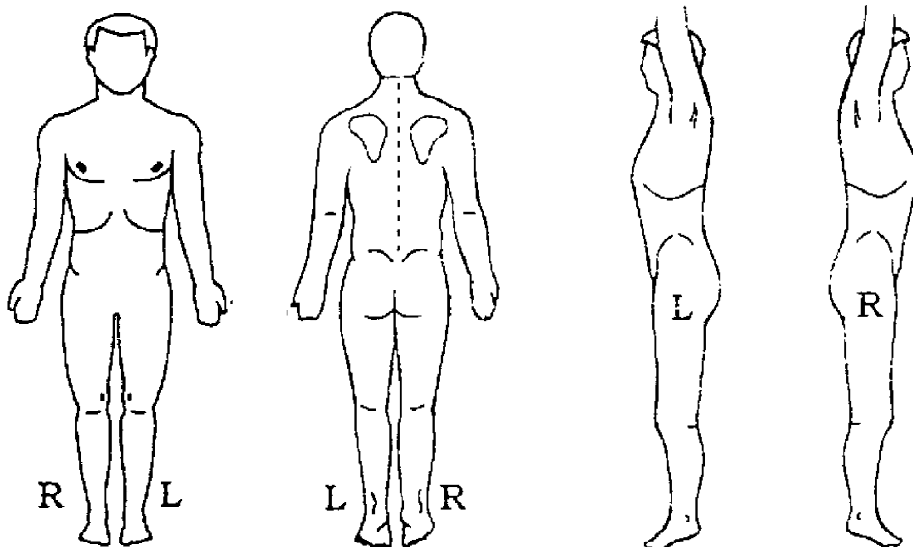
Client's first name or code: _____ Age: _____ Sex: _____

Occupation: _____

Sports/hobbies/activities: _____

Previous operations/accidents/illnesses. Record dates and details: _____

Pain patterns/restricted movements:



Presenting condition(s): _____

Prior treatment for presenting condition(s): _____

Other relevant comments: _____

SESSION 1 – Date: _____

Your assessments: _____

Procedures used (include reasons for your choices): _____

Comments/observations: _____

Recommendations/exercises: _____

SESSION 2 – Date: _____

Client's comments: progress/changes observed since last session: _____

Your assessments: _____

Procedures used this session (include reasons for your choices): _____

Comments/observations: _____

Recommendations/exercises: _____

SESSION 3 – Date: _____

Client's comments: progress/changes observed since last session: _____

Your assessments: _____

Procedures used this session: _____

Comments/observations: _____

Recommendations/exercises: _____

AFTER THE LAST SESSION WITH THIS CLIENT:

Your assessment of client's progress: _____

What discoveries if any did you make through working with this client? _____
