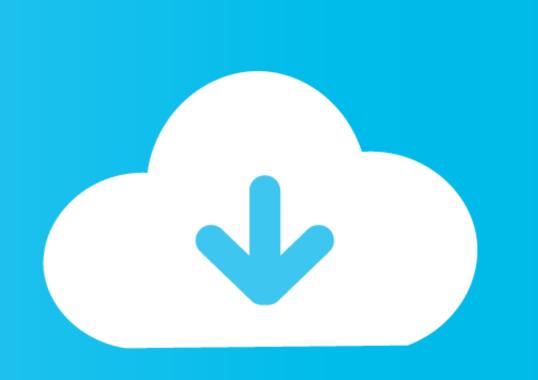
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Patient Name:		Age:	Date:	
Rehab Diagnosis:		Start of Care Date:		
Referred to PT for: _	Physician:			
Precautions:				
	lence is known to be a common problem, I now as			
S: History of Presen	t Illnoon:			
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	Hip IR R L	Ankle Invers		
	Hip ER R L	Other:		
Strength:	Knee Flexion R L		sion R	
	Hip Flexion R L L L	Ankle Dorist	flexion R	- <u>-</u> -
	Hip Abduction R L	Ankle Evers	flexion R ion R iion R	_ [
	Hip Adduction R L	Ankle Invers	sion R	_ L
	Hip IR R L			
	Other:			
Special Tests:	IT Band Tightness R L	Hamstring Ti	ghtness R	_
	Valgus/Varus Test R L Appley's Compr/Distract R L	McMurray Te	est R ver Test R	_
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	Other:	-		
	<u></u>			
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ST. VINCENT CHARITY		PATIENT LABEL		
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