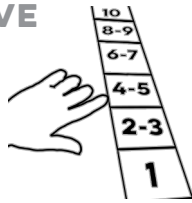




PATIENT NAME:

START DATE:

## SUBJECTIVE



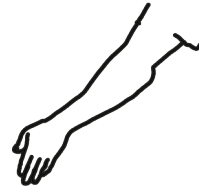
## OBJECTIVE ANALYSIS



Osteoarthritis?



Golfers elbow?



Elbow fracture?



Nerve compression?



Biceps rupture?



Olecranon bursitis?



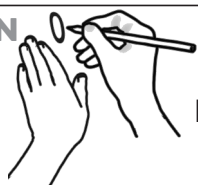
Myofascial tightness?



Tennis elbow?

## TREATMENT

## PLAN



Repeat assessment on next visit

DISCHARGE DATE:

OUTCOME: