



Case 1

45-year-old female with insidious onset of right shoulder pain and stiffness 3 months ago. Started with mostly pain at lateral arm but then started to lose range of motion. Currently pain is manageable but have significant ROM limitations. Unable to perform ADL's and difficulty caring for toddler. Goal is to be able to care for toddler and perform daily activities (dressing, fastening bra, reaching cabinets)

AROM: Flexion: 90 Abduction: 50 Apley ER: behind head Apley IR: lateral buttock

Strength tested in neutral: grossly 4+/5 all planes with mild pain reported

Joint mobility: Restricted all planes

Cervical screen: WNL

What is your primary diagnosis?

What would your initial therex prescription be clinically? Demonstrate your set up and explain your prescription and at least one progression.



Case 2

Pt is a 30-year-old male with cc of anterior knee pain. Symptoms began when resumed a gym strength-training program about 2 months ago. Has gotten a little better but pain remains. Worse with activity, improves with rest but returns as soon as attempt activity, takes about ½ hr to return to baseline after attempt activity. Dull achy pain located at inferior patella.

Aggs: stairs (descending > ascending), running, squatting, prolonged walking or standing

Eases: rest, ice, sitting

Functional testing: single leg squat: moderate dynamic valgus and hip drop

ROM: WNL, slight discomfort at end range flexion

Strength: knee extension 4/5 pain (tested at multiple angles), knee flexion 4-/5, hip abduction 4-/5

Palpation: TTP patellar tendon, (-) swelling noted surrounding knee

What is your primary diagnosis?

What would your initial therex prescription be clinically? Demonstrate your set up and explain your prescription and at least one progression.



Case 3

Pt is a 23-year-old female with cc of right sided low back pain. Pt reports she was helping put in a fence by digging the postholes with a post hole digger and moving dirt with a shovel about 3 weeks ago. Back was sore that night but worse the next day and has remained painful. Local right sided sharp low back pain. Currently pain is worse with activity and then resolves quickly when stop activity or get out of position. Goal is to resolve pain and return to running

Aggs: walking, running, prolonged standing, laying on stomach,

ROM: pain and limitation into extension, right sidebend, right rotation and right extension quadrant

SLR/Slump (-)

Joint mobility: pain and hypomobility L45 right

SIJ cluster (-)

Hip clearing: (-)

Flexibility: limited quad/psoas right > left

Strength: 4/5 hip abductors, hip extension

What is your primary diagnosis?

What would your initial therex prescription be clinically? Demonstrate your set up and explain your prescription and at least one progression.



Case 4

Pt is a 45-year-old male with cc of left posterior thigh pain. Onset was 4 weeks ago when during a soccer game was sprinting for the ball. Felt immediate sharp pain at posterior thigh and noted bruising following. Initially difficulty with weight bearing, which has resolved currently. Overall have improved but have not returned to soccer or working out at the gym. Still have soreness at posterior thigh intermittently.

Observation: Mild residual bruising noted at posterior thigh

Aggs: prolonged sitting, prolonged standing, walking, bending over

Eases: Rest, ice

ROM: Flexion WNL Extension pain at end range

Slump: (+) for pain at posterior thigh

Strength: Knee extension 5/5 Knee flexion: 4/5 with min pain at 90, 4-/5 with more pain at 30 deg knee flexion

Gait: mild short stride length due to bending left knee at terminal swing

What is your primary diagnosis?

What would your initial therex prescription be clinically? Demonstrate your set up and explain your prescription and at least one progression.