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**Musculoskeletal issues**

Please indicate on chart below any areas of pain that you experience, eg osteoarthritis, back ache, muscle strains. Also use this chart to mark up any scars or old injuries that you have had. Examples are:

**Head**: dental implants, broken nose, concussion **Neck**: whiplash, cervical fusion, reduced movement

**Shoulders**: rotator cuff, impingement, frozen shoulder **Arms and hands**: broken bones, carpal tunnel

**Trunk**: broken ribs, belly button piercing **Back**: lumbar disc problems, sciatica, spondylolisthesis

**Hips**: impingement, partial/full hip replacement, **Knee**: pain, replacement, ligament damage

**Legs**: ITB, groin strain, breaks **Ankle**: sprain, pinned **Feet**: bunions, Morton’s neuroma, high or low arches



Additional comments: