



Musculoskeletal Physiotherapy Clinical Summary Report

Dear Dr Chant,

The following provides details of your patient/client as a result of their visit(s) to our service:

Patient Details:

Name: Robert Leitch	Date of Birth: 15/08/77	CHI Number: 1508773076
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Date referral received: 31/07/24	Date first seen: 03/09/24
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Diagnosis: Mechanical low back pain
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Reason for report

To provide details of our assessment	☐	Interim/update report	☐	Discharge report	☒
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Treatment		Outcome/progress	
Exercise	☒	Fully Resolved/All Treatment Goals Met	☐
Manual Therapy	☐	Partially Resolved/Some Goals Met	☒
Electrotherapy	☐	Not Resolved/Treatment Goals Not Met	☐
Advice/Education	☒	Patient Condition Deteriorated	☐
Corticosteroid Injection	☐	Patient Failed to Complete Treatment	☒
Rehabilitation Class	☐	Physiotherapy Not Appropriate	☐
Other	☐	Recommend Referral to Other Service	☐

Comments

Robert was assessed for 5 years history of left sided low back pain. He was furnished with appropriate lumbar flexibility and strengthening exercises and lower limb strengthening. He was educated on back protection strategies. Robert cancelled his first follow up appointment on the 02/10/24. He has not reached out to the department for further input, its believed he no longer wishes further input and I have therefore discharged him

Who has this report been copied to

Patients notes

Therapist name: Chioma Emelugo.

Signature.....  Date: 27/03/2025