



Neuromuscular Therapy Clinic, LLC  
Anne Barber-Shams LMT, CNMT License 1964  
Certified Neuromuscular Massage Therapist, St. John Method  
Corbett Hill Wellness Center  
4425 S W Corbett Ave. Portland, OR. 97239  
503 246-0461 FAX 503 225-9039

July 25, 2007  
To: Dr. Rothbart  
RE: Frank

Page 1 of 2

Dear Dr. Rothbart,

The following is an addendum to the postural assessment forms which I completed for Frank Cook today:

**Full Body Assessments:** All standing assessments are taken with the feet positioned heels even, knees evenly extended and weight even on both legs. The sacral measurements are taken in the prone position, following osteopathic technique. The leg length assessments are a combination of standing and supine observations.

**Feet:** bilateral pronation **standing**, however the talar ligaments appear stable. **Supine** the arches become very high and the toes more flexed. Frank tells me you have films of his feet both weightbearing and non weightbearing. My observations are hypertonicity of the tibialis anterior and flexor digitorum. It is obvious that Frank bears weight on the first three toes only.

**Legs: Standing** The L patella is raised relative to the right. The L popliteal crease, PSIS and iliac crest are all inferior relative to the R. **Supine** knees bent and feet together, the L fibular head is inferior to the R. Supine the R medial malleolus, greater trochanter and ASIS are all inferior to the L.

**Pelvis/Sacrum: Standing** there appears to be a R pelvic flexion with the R ASIS inferior and R PSIS superior. However, on the coronal plane, there appears to be the same degree of angle between the bilateral PSIS and ASIS, which usually indicates equal flexion/extension positions of the iliums.

**Seated** the iliac crests are level.

**Prone** there is a L deep sulcus and L inferior lateral angle, worse on back extension with L-5 compensatory. This indicates a R sacral extension.

**Supine** there appears to be a R ilium inflare.

**ACJ and Occiput: Standing** the ACJ is L superior/R inferior and the occiput L inferior with the head shifted R lateral.

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Page 2 of 2

To: Dr. Rothbart

RE: Frank

**Cervical Spine:**

**Standing and Supine** C-1 is WNL. **Standing** there is a slight forward head posture, and the cervical and upper thoracic spines are hypolordotic. ( Frank is an ex-marine.) **Supine** the CS is also hypolordotic but somewhat flexible -extension and translation can be induced manually.

**Cranium:**

**Standing** The temporal bones are level in the anterior/posterior and superior/inferior dimensions. However the remaining cranial bones are R inferior/anterior, ie the frontal, maxilla and mandible. There is a R temporal inflare.

**Supine:** All of the cranial bones are level in the superior/inferior dimension. In the anterior/posterior dimension the temporal bones are level at the external auditory meatus, however the mastoid process is R anterior/ L posterior, which may be a relative extension position of the R temporal bone and relative flexion position of the L. The temporal bone is R inflare/L outflare. The sphenoid is R lateral.

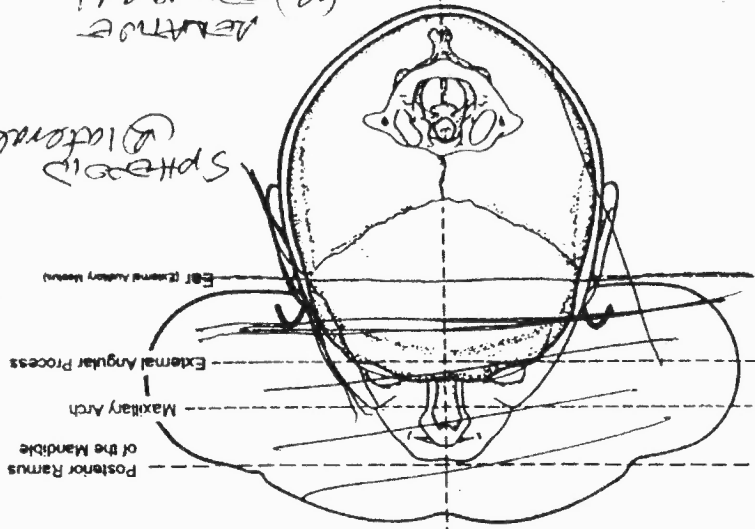
Sincerely,

*Anne Barber-Shams, LMT, CNMT*

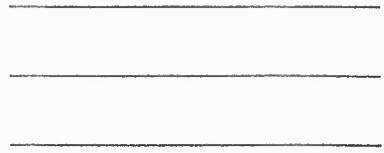
Anne Barber-Shams, LMT, Certified Neuromuscular Massage Therapist, St. John Method

LEAVING  
(2) TEMPORAL  
EXTENSION  
(1) TEMPORAL  
TRAY

SPHEROID  
(1) lateral

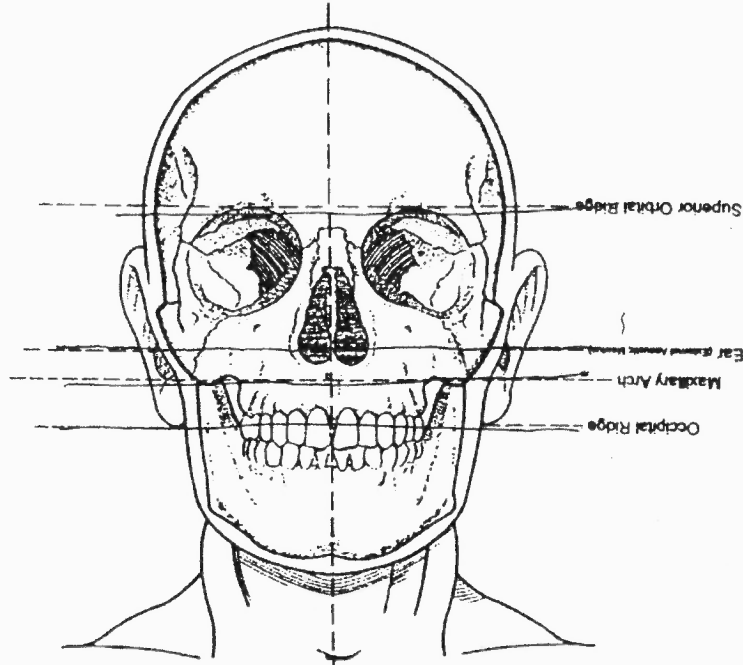


SUPINE

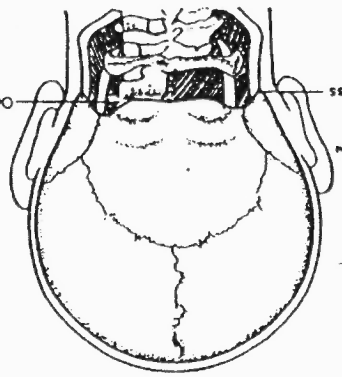


CS hypolordotic  
but somewhat  
flexible.

C-7 posterior curve



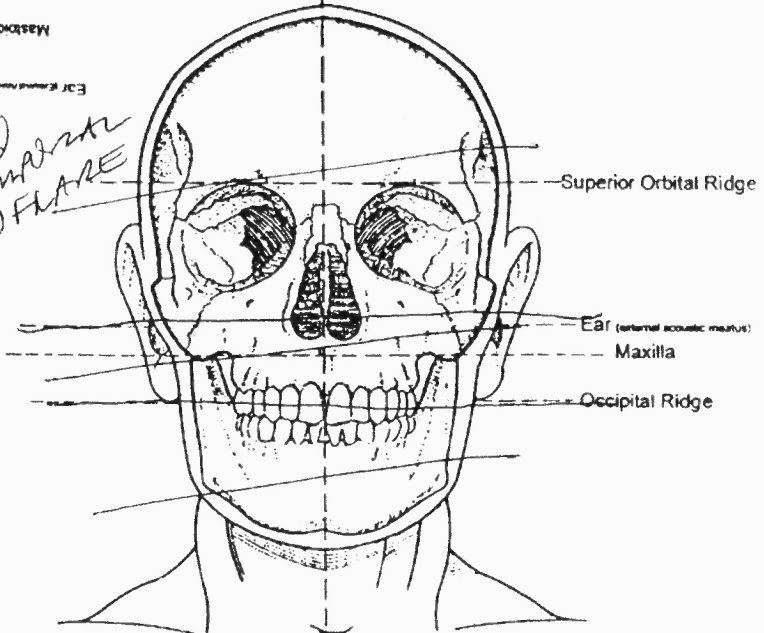
R L



R L

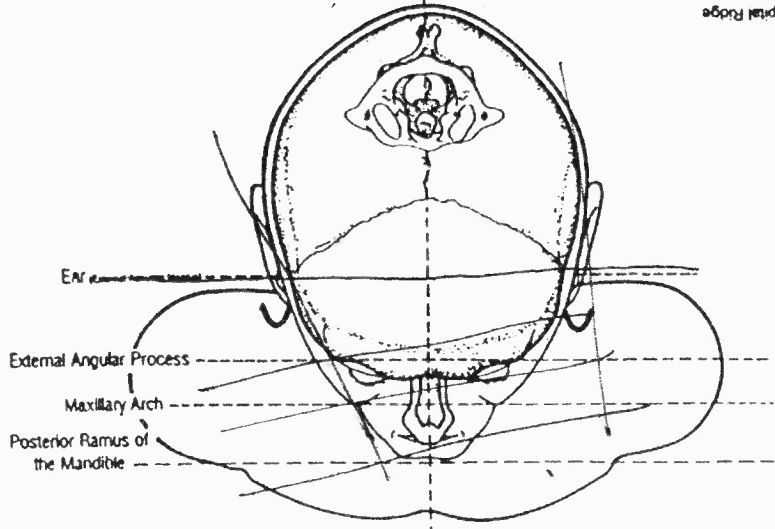
(2) TEMPORAL  
INFLARE

STANDING



superior to inferior  
Frank 7.25.07

Thorpe 15+ : Hane Barber-Shaw 5  
Anterior to Posterior



R

L

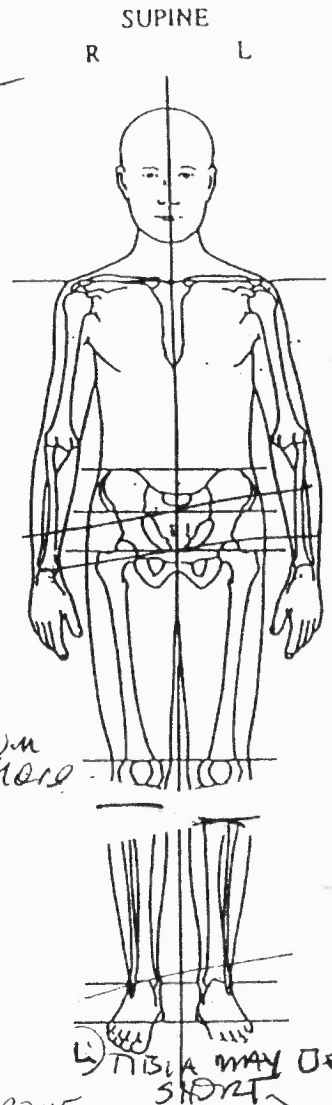
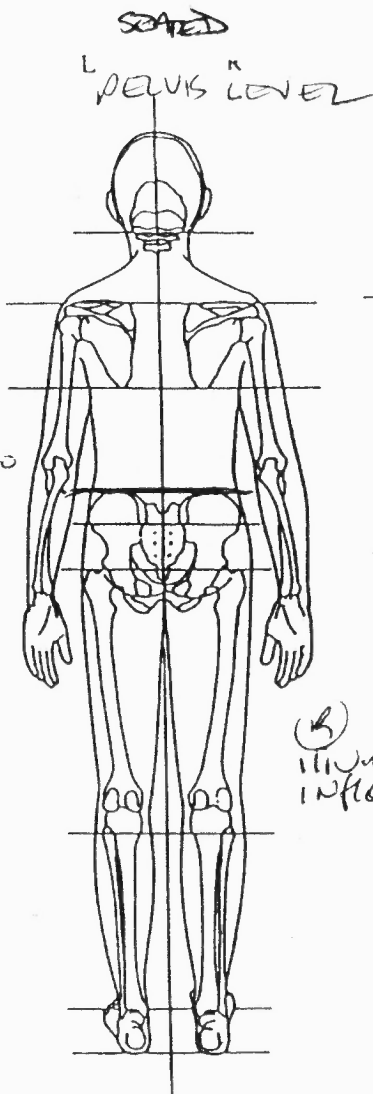
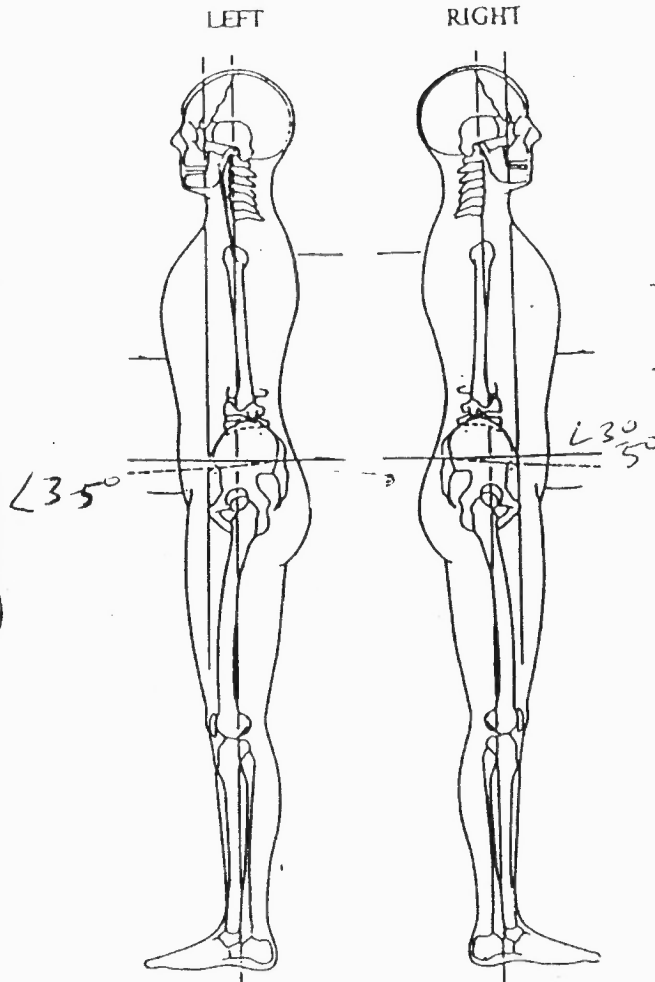
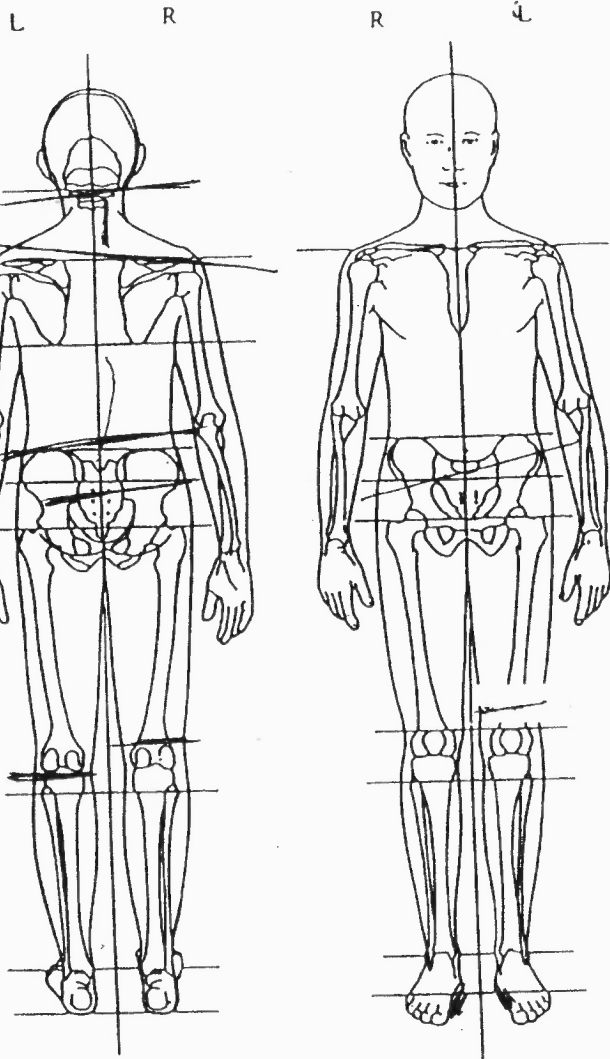
Subject: Frank

NEUROMUSCULAR SEGMENTAL NEUROPATHY EXAMINATION

Therapist: Barber Shams, Anne

Date: 7.25.07

STANDING



CODES:

- ANTERIOR MOVEMENT: Rotation of ASIS, AC Joint, or head.
- ✓ Superior/Inferior Deviation of Transverse Plane
- ~~✗~~ Muscles in Shortened Contraction
- X Trigger Point
- Reference Zone of Trigger Point

SACRUM: MEASURED PRONE  
 (L) SACRAL EXTENSION (L DEEP SULCUS; (L) INFERIOR LATERAL ANGLE; WORSER ON BACK BENDING. L-S COMPENSATORY