Tarrengower Remedial Massage

CLIENT RECORD: Follow-up Consultation

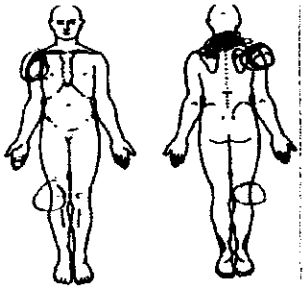
Last Name: GLEESON First Name: FRAN Date 29/10/22

Area Being Treated Cx/Shld/(R) RNG

Current Presentation LOOTRADIOPS:

Has your Clinical Impression changed? Y (N)
If yes

Response to previous treatment (+'ve, -'veISQ): +ve



(R) Triceps Long head
(R) Knee (Lat. Fem. Cyst) → GASTROC
(R) Shoulder

Client consent for treatment

Please sign

Date 29/10/22

OBJECTIVE EXAMINATION:

Observation:
Has seen GP for knee pain → referred for scan

Motion tests (Active, Passive, Resisted, Special Tests):

Palpatory **Assessment:**
Pec Minor Hypertonic ++

Treatment:
MFT GASTROC, H/S, TLF, U/T, INFRA, SUPRA, Lev Scap, Splen Cerv, Triceps Long, Pec Minor
DIP MTrP Supra, U/T
Cx Joint Mob C2-C5

Advice & Corrective Exercises:
Add
Y T W 3 reps 2 Sets every 2nd day

Reassessment & Postural **Improvements:**
↓ pain blw hands behind back/ over shoulder

Next Treatment/Management Plan: 2 weeks (Booked)