

# Tarregower Remedial Massage

## CLIENT RECORD: Follow-up Consultation

Last Name: GLEESON First Name: FRAN

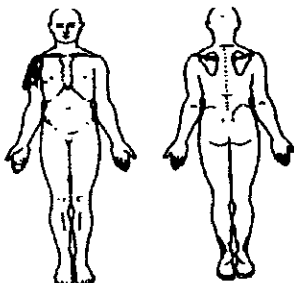
Date 13/11/22

Area Being Treated Cx/Shoulder Current Presentation LOOTRADIOPS:

Has your Clinical Impression changed? Y N

If yes \_\_\_\_\_

Response to previous treatment (+ve, -ve/ISQ): +ve



R Shoulder

Cx

### Client consent for treatment

Please sign

[Signature]

Date

### OBJECTIVE EXAMINATION:

Observation:	Motion tests (Active, Passive, Resisted, Special Tests):
Palpatory Assessment:	
Treatment: <u>MTT Rhomboids, Lat dorsi, Trapezius</u> <u>Deltoids, Rec Maj, U/T.</u> <u>DIP M.T.P U/T</u> <u>Cx Joint Mob.</u>	Advice & Corrective Exercises:
Reassessment & Postural Improvements:	

Next Treatment/Management Plan:

2 wals (booked)