

Tarregower Remedial Massage

CLIENT RECORD: Follow-up Consultation

Last Name: Hickey First Name: WINDA

Date 9/6/23

Area Being Treated _____

Current Presentation LOOTRADIOPS:

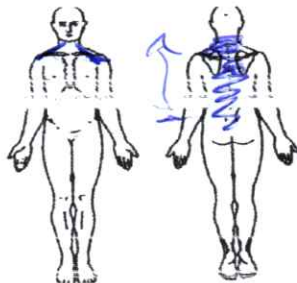
Has your Clinical Impression

changed? Y N

If yes _____

Response to previous treatment

(+ve, -ve ISQ): +ve



Stress
→ Shoulders
Cx
Rx

Client consent for treatment

Please sign

A.M. Hickey

Date

9/6/23

OBJECTIVE EXAMINATION:

Observation:

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

Cx Rtn L 60° S @ Lev Scap
R 60° S @ Lev Scap

Palpatory Assessment:

Treatment:

MFTT, iliocostalis longissimus
lev scap, UT, Splen. cerv, infra,
supra.

DIP MTR infra, lev scap,
UT, Rhomb.

Cx Joint Mob

Advice & Corrective Exercises:

Cx stretch daily

Reassessment & Postural Improvements:

Cx Rtn L 75° S @ lev scap
R 75° S @ lev scap

Next Treatment/Management Plan:

as needed.