

Tarregower Remedial Massage

CLIENT RECORD: Follow-up Consultation

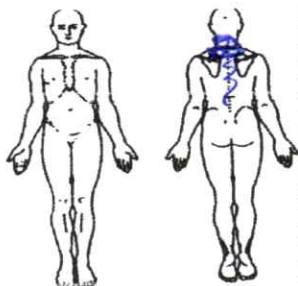
Last Name: PEACE First Name: CATHERINE

Date 31/1/23

Area Being Treated Cx/Shoulders Current Presentation LOOTRADIOPS:

Has your Clinical Impression changed? Y N
If yes _____

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



Post overland track


Cx - Rhomb?

Client consent for treatment

Please sign C. Peace

Date _____

OBJECTIVE EXAMINATION:

Observation:	Motion tests (Active, Passive, Resisted, Special Tests):
Palpatory Assessment: <u>Rhomboids Hypertonic</u>	
Treatment: <u>MTT ilio costals, longissimus</u> <u>Rhomboids, infra, supra, UT,</u> <u>Low Scap</u> <u>Cx Mob. - Low Scap & splen. cerv.</u>	Advice & Corrective Exercises: <u>- Y TW</u> <u>- Shoulder Stretch</u> 
Reassessment & Postural Improvements:	

Next Treatment/Management Plan: 3-4 weeks (proposed)