

Tarregow Remedial Massage

CLIENT RECORD: Follow-up Consultation

Last Name: PEACE First Name: CATHERINE

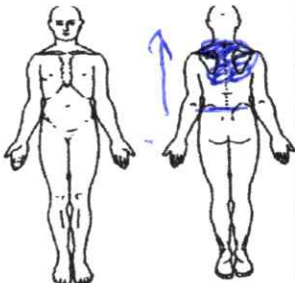
Date 27/4/23

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



Cx / Tx

Client consent for treatment

Please sign

C. Peace

Date

OBJECTIVE EXAMINATION:

Observation:	Motion tests (Active, Passive, Resisted, Special Tests): <u>Cx ROM L 70° P, @ U/T</u> <u>R 60° S, @ U/T</u>
Palpatory Assessment:	
Treatment: <u>METT: tho costalis, longissimus</u> <u>Serratus spinals, U/T, Lev Scap, Post</u> <u>Post Scalene, Splenius cervicis</u> <u>DIP MTP U/T, Lev Scap</u> <u>Cx Joint mob.</u>	Advice & Corrective Exercises: <u>Cx Stretch x2 daily</u>
Reassessment & Postural Improvements: <u>Cx ROM L 85° PB</u> <u>R 75° S, @ U/T</u>	

Next Treatment/Management Plan:

3 weeks (booked)