Tarrengower Remedial Massage

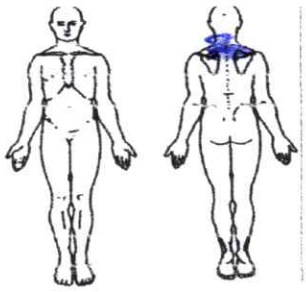
CLIENT RECORD: Follow-up Consultation

Last Name: PEACE First Name: CATHERINE Date 3/7/23

Area Being Treated Cx / HIPS Current Presentation LOOTRADIOPS:

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

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



Neck & Shoulders
(R) Worse

Client consent for treatment

Please sign C Peace Date 3.7.23.

OBJECTIVE EXAMINATION:

Observation:

Palpatory **Assessment:**

Motion tests (Active, Passive, Resisted, Special Tests):
Cx Rotn L 80° PB
R 45° P, @ U/T
Cx Lat Flex L 10° S, @ U/T
R 40° PB.

Treatment:
MFTT ilio costalis, longissimus Sonin Spinalis, U/T, Lev Scap Supra Spinatus, Splen. cap. DIP MT, P Lev Scap, U/T, Supra Cx Joint Mob.

Advice & Corrective Exercises:
Cx Stretch 2 Sets 2 reps Daily.

Reassessment & Postural **Improvements:**
Cx Rotn L 85° PB
R 60° P, @ U/T.
Cx Lat Flex L 30° S, @ U/T
R 40° PB

Next Treatment/Management Plan: 3 weeks (booked)