

Tarregnowar Remedial Massage

CLIENT RECORD: Follow-up Consultation

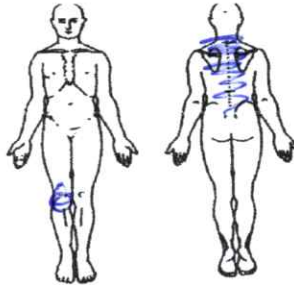
Last Name: PEACE First Name: CATHERINE Date: 25/7/23

Area Being Treated CX

Current Presentation LOOTRADIOPS:

Has your Clinical Impression changed? Y~~N~~
 If yes _____

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



Digging Trenches
→ Sore Shoulders / neck
→ @ worse
@ Knee

Client consent for treatment

Please sign Catherine

Date 25/7/23

OBJECTIVE EXAMINATION:

<p>Observation:</p>	<p>Motion tests (Active, Passive, Resisted, Special Tests): Cx Flex L 60° S @ Scapulae Retr R 60° S @ UJT Cx Lat Flex L 20° S @ UJT R 30° S @ UJT HIP Flex L 125° RB R (spring) R 125° RB R (spring) SLR L 90° RB R 90° RB</p>
<p>Palpatory Assessment:</p>	<p>Advice & Corrective Exercises: Cx Stretches</p>
<p>Treatment: MPTT Ilio costalis, longissimus semispinalis, UJT, Post Scapulae Lev Scap, Splen cap, Spina cerv Dip MTRP Lev Scap, Supra. Cx Joint mob</p>	
<p>Reassessment & Postural Improvements: Cx Flex L 80° S @ UJT R 80° S @ UJT Cx LAT Flex L 30° S @ UJT R 30° S @ UJT</p>	

Next Treatment/Management Plan: 3 weeks (booked)