

Tarregower Remedial Massage

CLIENT RECORD: Follow-up Consultation

Last Name: Pease First Name: CATHERINE

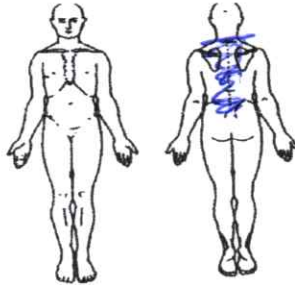
Date 16/8/23

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



Digging / Gardening
Shoulders Neck
HIPS?

Client consent for treatment

Please sign

Pease

Date

16/8/2023

OBJECTIVE EXAMINATION:

Observation:	Motion tests (Active, Passive, Resisted, Special Tests): <u>Cx Rotn L 60 S. @ U/R</u> <u>R 60 S. @ Lev Scap.</u> <u>Cx lat flex</u>
Palpatory Assessment:	
Treatment: <u>MFTT ESQ, U/T, Lev Scap,</u> <u>Lat Persi</u> <u>Cx Joint Mobs</u> <u>DIP MTRP Lev Scap, U/T.</u>	Advice & Corrective Exercises: <u>Lev Scap Stretch.</u>
Reassessment & Postural Improvements: <u>Cx Rotn L 80° S. @ U/R</u> <u>R 80° S. @ Lev Scap</u>	

Next Treatment/Management Plan:

3 weeks (booked).