

Tarrengower Remedial Massage

CLIENT RECORD: Follow-up Consultation

Last Name: PEARCE First Name: CATHERINE

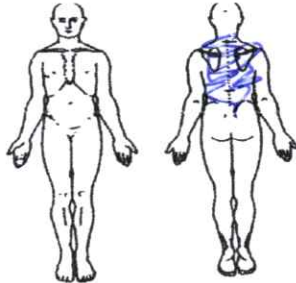
Date 13/9/23

Area Being Treated Shoulders
Cx

Current Presentation LOOTRADIOPS:

Has your Clinical Impression changed? Y N
If yes _____

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



Tension / Anxiety -
→ Separation
Supra U/T, Lev Scap
Sub acromial imp.?
Rec Minor

Client consent for treatment

Please sign _____

Date _____

OBJECTIVE EXAMINATION:

| | |
|---|---|
| Observation: | Motion tests (Active, Passive, Resisted, Special Tests): <u>Empty can @ R +ve</u> <u>Hawkins Kennedy R +ve</u> <u>Cx Rotn L 60° S. @ low Scap</u> <u>R 60° S. @ low Scap</u> <u>Cx Lat Flex L 20° S. @ Scap</u> <u>R 20° S. @ Post Scap</u> |
| Palpatory Assessment: | |
| Treatment: <u>MFTT - ilio costalis, QL, Serratus</u> <u>Longissimus, Lat Serratus</u> <u>U/T, Lev Scap lat dorsi, C Med,</u> <u>C Max, Biceps, Supraspinatus,</u> <u>Scalenes</u> <u>Cx Joint Mob</u> | Advice & Corrective Exercises: <u>YTW</u> <u>Cx Stretch</u> |
| Reassessment & Postural Improvements: <u>Cx Rotn L 75° PB</u> <u>R 75° PB</u> <u>Cx Lat Flex L 30° S. @ Scap</u> <u>R 30° S. @ Scap</u> | |

Next Treatment/Management Plan: Next week (booked)