

Tarrengower Remedial Massage

CLIENT RECORD: Follow-up Consultation

Last Name: Peace First Name: CATHERINE

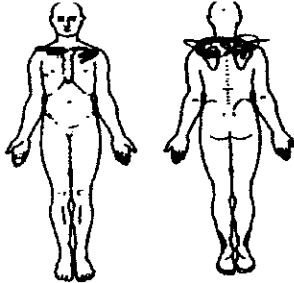
Date 20/9/23

Area Being Treated _____

Current Presentation LOOTRADIOPS:

Has your Clinical Impression changed? Y N
If yes _____

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



Pecos - Painful
Shoulders (R)

Client consent for treatment

Please sign

Peace

Date 20/9/23

OBJECTIVE EXAMINATION:

<p>Observation:</p>	<p>Motion tests (Active, Passive, Resisted, Special Tests):</p> <p>Cx Retr L 70° S. @ V/R R 70° S. @ V/R</p> <p>Shldr IR Resisted L ✓ x3 R ✓ x2</p>
<p>Palpatory Assessment:</p>	<p>Advice & Corrective Exercises:</p> <p>YTW</p> <p>Cx Stretch</p> <p>Cx Lat Stretch</p> <p>Pec Maj isometrics</p>
<p>Treatment:</p> <p>MFTT: Pec Maj, Pec Minor V/R, Lev Scap, Scalenes Spn cap, Spn cerv. DIP MTIP: Pec Min, Pec Maj Cx Joint Mob</p>	
<p>Reassessment & Postural Improvements:</p> <p>Cx Retr L 85° S. @ V/R R 85° S. @ V/R</p>	

Next Treatment/Management Plan:

Next week (weekend)