

Tarregower Remedial Massage

CLIENT RECORD: Follow-up Consultation

Last Name: PEACE First Name: CATHERINE

Date 7/10/23

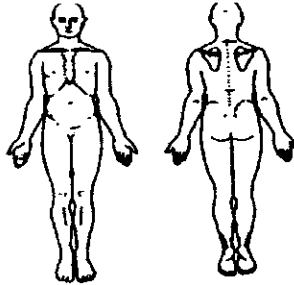
Area Being Treated Cx/Shoulder

Current Presentation LOOTRADIOPS:

Has your Clinical Impression changed? Y

If yes _____

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



Tight Shoulder
Tight neck

Client consent for treatment

Please sign C Peace

Date 7/10/23

OBJECTIVE EXAMINATION:

<p>Observation: <u>Cx lymph nodes swollen due to recent dental work</u></p>	<p>Motion tests (Active, Passive, Resisted, Special Tests): <u>Cx Rtn L 60° S1 @ U/T</u> <u>R 60° S1 @ Lev Scap</u> <u>Cx Lat Flex L 45° PB</u> <u>R 45° S1 @ U/T</u></p>
<p>Palpatory Assessment: <u>C Med not as hypertonic as usual</u> <u>→ No golf recently</u></p>	<p>Advice & Corrective Exercises: <u>YTW</u> <u>Cx lat. stretch</u> <u>Cx Stretch</u> <u>Rec May Isometrics</u></p>
<p>Treatment: <u>MFTT iliocostalis, QL,</u> <u>longissimus, semispinalis</u> <u>inferspinatus, supraspinatus</u> <u>lev Scap U/T, splen cap:</u> <u>Cx Joint mob <u>TMJ</u> <u>Cx</u></u></p>	
<p>Reassessment & Postural Improvements: <u>Cx Rtn L 80° PB</u> <u>R 80° PB</u></p>	

Next Treatment/Management Plan: 2 weeks