Tarrengower Remedial Massage

CLIENT RECORD: Follow-up Consultation

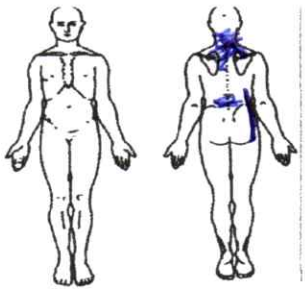
Last Name: Mc Shanag First Name: Lynn Date 3/12/22

Area Being Treated Cx / Hip

Current Presentation LOOTRADIOPS:

Has your Clinical Impression changed? Y (N)
If yes

Response to previous treatment (+'ve, -'ve ISQ): T've



@ Shoulder & Hip
waking during night
Cx
Glutes
Piriformis

Client consent for treatment

Please sign

Date 3/12/22.

OBJECTIVE EXAMINATION:

Observation:

Palpatory **Assessment:**
R Glute Med Hypertonic ++

Treatment:
MFTT Iliocostalis, Lev Scap U/T Glute Med, Glute Max D.P Piriformis, Lev Scap, U/T
Cx Joint Mob

Reassessment & Postural **Improvements:**

Motion tests (Active, Passive, Resisted, Special Tests):
Shldr ~~Flex~~ Abd R 90° Si @ ant delt
L 170° PB.
Shldr Flex R 90° Si @ Biceps LH
Resisted IR R ✓ x
ER R x ✓
Resisted Hor abd x x

Advice & Corrective Exercises:
Shoulder Roll (reverse)
→ hold & bring hands together behind

Next Treatment/Management Plan: Text Lynn when back from Holidays