

Tarregower Remedial Massage

CLIENT RECORD: Follow-up Consultation

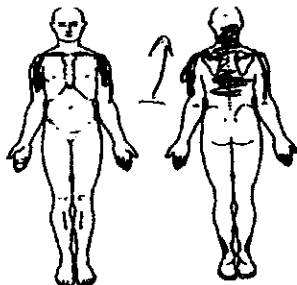
Last Name: SVENDSON First Name: LETAH

Date 1/2/23

Area Being Treated Cx Shoulders / Median Nerve pathway Current Presentation LOOTRADIOPS:

Has your Clinical Impression changed? Y
If yes _____

Response to previous treatment (+ve, -ve/ISQ): 4ve



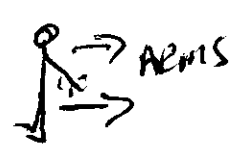
Shoulders / Neck
→ Upper arm →
elbow
→ nerve pathway

Client consent for treatment

Please sign Letah

Date 1.2.23

OBJECTIVE EXAMINATION:

Observation:	Motion tests (Active, Passive, Resisted, Special Tests):
Palpatory Assessment: <u>longissimus & iliocostalis</u> <u>hypertonic</u>	
Treatment: <u>MTT ilio costalis, longissimus</u> <u>Semi Spinalis, Supra, Infra,</u> <u>biceps long head, Triceps long</u> <u>DIP Teres Minor</u>	
Reassessment & Postural Improvements:	Advice & Corrective Exercises: <u>YTW</u> <u>Shoulder stretch</u> <u>(Fingers clasped)</u> 

Next Treatment/Management Plan: Book 2 when needed