Tarrengower Remedial Massage

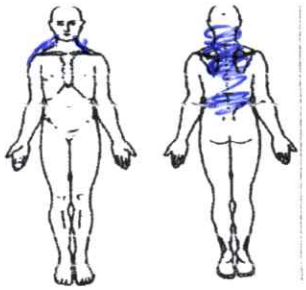
CLIENT RECORD: Follow-up Consultation

Last Name: SVENDSEN First Name: MERYL Date 28/6/23

Area Being Treated _____

Current Presentation LOOTRADIOPS:

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



Isolated Pleve up of Shoulder → Jaw

Response to previous treatment (+'ve, -'ve ISQ): +'ve
Improvement ✓

Client consent for treatment

Please sign L.S

Date 28 June 2023.

OBJECTIVE EXAMINATION:

Observation:	Motion tests (Active, Passive, Resisted, Special Tests):
Palpatory **Assessment:**	
Treatment: MFTT - Iliocostalis, longissimus Semispinalis, U/T, Lev Scap, Post Scalene Dia MTrP U/T, Teres Minor MET Cx Lat Flex. Cx Joint Mob	Advice & Corrective Exercises: Cx Stretch
Reassessment & Postural **Improvements:**	

Next Treatment/Management Plan: As needed