Tarrengower Remedial Massage

CLIENT RECORD: Follow-up Consultation

Last Name: ITERCOFT First N	Name:	KEN_	
Area Being Treated	Cur	rent Presentatio	n LOOTRADIOPS:
Has your Clinical Impression changed? Y O If yes			Arys SHOULDERS Dull pain Rotator Cutt Triggs Dulls Ahrs brushoutting
Client consent for treatment			, ,
Please sign A A		Date 10/1	1122
OBJECTIVE EXAMINATION:			
Observation:			ve, Passive, Resisted, Special Tests): Resisted // Resisted //
Palpatory Assessment: Thiceps Long Lead Hype Bilat.	s loni.	ć	
Treatment:		1	
MFTT Infra, Supia, Ten	125 M	1 in	·
Thiceps Long, Med, lat	1	Advice & Correc	
DIP MTIP Teres Min	~	1riceps	slow rebase borns
Reassessment & Postural Improvements	s :	YTW	- Dock way
Next Treatment/Management Plan: _		2 week	s (booked)