

Tarregower Remedial Massage

CLIENT RECORD: Follow-up Consultation

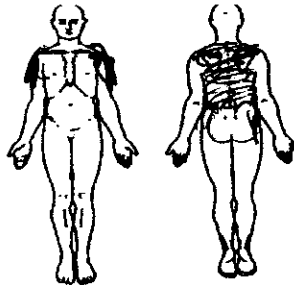
Last Name: HERCOTT First Name: KEN

Date 18/10/23

Area Being Treated Tx/Cx/Shoulders Current Presentation LOOTRADIOPS:

Has your Clinical Impression
changed? Y 1
If yes _____

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



- Tx/Cx/Delts
- Recs
- Triceps?

Client consent for treatment

Please sign [Signature]

Date

OBJECTIVE EXAMINATION:

Observation:	Motion tests (Active, Passive, Resisted, Special Tests): <u>Shldr abd L 160° S.@ postdelt</u> <u>R 120° S.@ Postdelt</u>
Palpatory Assessment:	
Treatment: <u>MFTT: Diaphragm, longissimus</u> <u>QL, Serratus spinalis, U/T, lev Scap</u> <u>Lat Dorsi, Deltoids, Triceps long</u> <u>or joint mob</u>	Advice & Corrective Exercises: <u>YTW</u>
Reassessment & Postural Improvements: <u>Shldr abd L 180° PB</u> <u>R 180° PB</u>	

Next Treatment/Management Plan: 3 weeks (booked)