

Tarrengower Remedial Massage

CLIENT RECORD: Follow-up Consultation

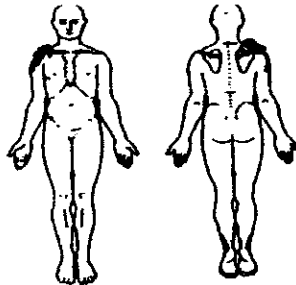
Last Name: Shepherd First Name: Alan

Date 26/1/23

Area Being Treated @ Shoulder Current Presentation LOOTRADIOPS:

Has your Clinical Impression
changed? Y N
If yes _____

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



? Shoulder Impingement

Client consent for treatment

Please sign _____

Date _____

OBJECTIVE EXAMINATION:

Observation:	Motion tests (Active, Passive, Resisted, Special Tests): <u>Hawkins Kennedy +ve</u> <u>Empty can -ve</u>
Palpatory Assessment:	
Treatment: <u>MFTT - Infra, Supra,</u> <u>Rhomb., Pec Minor,</u> <u>Low Scap, U/T.</u> <u>DIP MTP, Pec Min, Teres Min</u>	Advice & Corrective Exercises: <u>Pec Min Stretch</u>
Reassessment & Postural Improvements: <u>Hawkins Kennedy +ve</u> <u>(not as above)</u>	

Next Treatment/Management Plan: As needed