

Tarregower Remedial Massage

CLIENT RECORD: Follow-up Consultation

Last Name: Shepherd First Name: Alan

Date 4/9/23

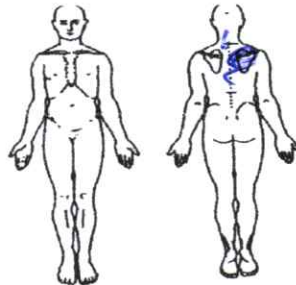
Area Being Treated Shoulder/Neck

Current Presentation LOOTRADIOPS:

Has your Clinical Impression changed? Y(N)

If yes _____

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



@ Shoulder
supraspinatus
lev Scap
Scalene?

Client consent for treatment

Please sign _____

Date _____

OBJECTIVE EXAMINATION:

Observation:	Motion tests (Active, Passive, Resisted, Special Tests): <u>Shldr abd L 180 PB</u> <u>R 900 P, @ Supra</u> <u>Flex L 180 PB</u> <u>R 180° S, @ Lat Dorsi</u> <u>Cx Rotn L 600 P, @ Spn Cap</u> <u>R 600 P, @ Lev Scap</u> <u>Scap offload +ve Bilat.</u>
Palpatory Assessment:	
Treatment: <u>MRTT infra, supra, lev scap,</u> <u>lat dorsi deltoids UTR,</u> <u>Scalenes</u> <u>DIP MRTT lev scap, TerestHn</u> <u>Cx Joint mob (post)</u>	Advice & Corrective Exercises: <u>Shoulder mobilisation exercises</u> <u>→ Daily</u> <u>*Check with CUP if area</u> <u>around @ lev scap swells.</u>
Reassessment & Postural Improvements: <u>shldr ABD R 180° P, @ Supra</u> <u>Cx Rotn</u>	

Next Treatment/Management Plan: Thursday → for Hip.