Tarrengower Remedial Massage

CLIENT RECORD: Follow-up Consultation

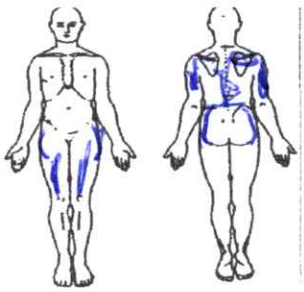
Last Name: HEATHCOTE First Name: FIONA Date 25/8/22

Area Being Treated _____

Current Presentation LOOTRADIOPS:

Has your Clinical Impression changed? Y N
If yes _____

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



Rt. calf

Client consent for treatment

Please sign FL Date 25/8/22

OBJECTIVE EXAMINATION:

Observation:

Motion tests (Active, Passive, Resisted, Special Tests):
Resiste Shldr ext Rotn xx
Shld ext rotn 90° P, @ Post delt.

Palpatory **Assessment:**

Treatment:
MFIT UT, Lev Scap, ESq, Delts, QL, GluteMed, Max, RecFem
DIP Piriformis
PBS Rec Fem

Advice & Corrective Exercises:
Resistance Band shldr ext & int
Tricep ext.
QL Stretch
Piriformis

Reassessment & Postural **Improvements:**
Shldr ext. rotn 90° P, @ Post Delt

Next Treatment/Management Plan: 3 weeks (booked)