Tarrengower Remedial Massage

CLIENT RECORD: Follow-up Consultation

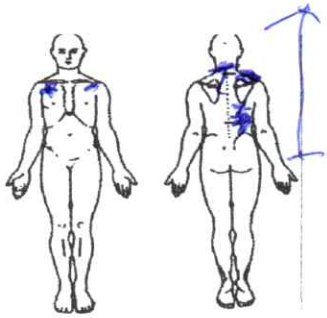
Last Name: HEATHCOTE First Name: FIONA Date 15/9/22

Area Being Treated Tx/Cx

Current Presentation LOOTRADIOPS:

Has your Clinical Impression changed? Y (N)
If yes

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



Cx Upper Back
More Cupcraphic Design Work
Rhomboids / Pec Minor

Client consent for treatment

Please sign

Date 15/9/22

OBJECTIVE EXAMINATION:

Observation:

Palpatory **Assessment:**

Treatment:
MFTT ESA, SCM, TRAPS, Pec Minor
DIP MTrP - Supra, Rhomb., Pec Min.
Joint Mob C2 - C5.

Reassessment & Postural **Improvements:**
Cx Retn L 75° S1 @ U/T
R 85° S1 @ U/T
Cx Lat Flex L 40° P1 @ Post Scalen
R 40° S1 @ U/T

Motion tests (Active, Passive, Resisted, Special Tests):
Cx Rotn L 60° S1 @ Semi Spinalis
R 85° PB
Cx Lat Flex R 30° P1 @ Splen Cap
L 40° S1 @ Splen Cap

Advice & Corrective Exercises:
Y TW for Rhomboids
Cx Lat Stretch

Next Treatment/Management Plan:

Room Temp Water