

Tarrengower Remedial Massage

CLIENT RECORD: Follow-up Consultation

Last Name: Heathcote First Name: Fiona

Date 16/11/22

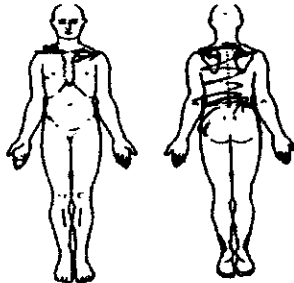
Area Being Treated Cx/Tx

Current Presentation LOOTRADIOPS:

Has your Clinical Impression changed? Y (N)

If yes _____

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



Tx -> Cx
Cx -> Tx
Gute med
CX

Client consent for treatment

Please sign

[Signature]

Date 16/11/22

OBJECTIVE EXAMINATION:

Observation:	Motion tests (Active, Passive, Resisted, Special Tests):
Palpatory Assessment:	
Treatment: <u>MFTT ilio costalis, Qr, Longissimus</u> <u>LAT Dorsi, Infraspinatus, U/T, Luv</u> <u>Scap</u> <u>DIP MT, P longissimus, Lat Scap,</u> <u>U/T.</u>	
Reassessment & Postural Improvements:	Advice & Corrective Exercises:

Next Treatment/Management Plan: 3 weeks (reduced)