

Tarregower Remedial Massage

CLIENT RECORD: Follow-up Consultation

Last Name: HEATHCOTE First Name: Flora

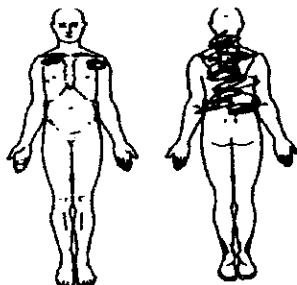
Date 22/7/23

Area Being Treated Cx/Tx

Current Presentation LOOTRADIOPS:

Has your Clinical Impression changed? Y^N
If yes _____

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



Rock carrying during hike
→ Cx, Tx, Recs

Whiplash?

Numbness in hands

Client consent for treatment

Please sign

[Signature]

Date 22/7/23

OBJECTIVE EXAMINATION:

<p>Observation:</p> <p><u>[Initials]</u></p>	<p>Motion tests (Active, Passive, Resisted, Special Tests):</p> <p>Cx Rot L 45° S @ U/R R 50° S @ Lev Scap</p> <p>Cx Lat Flex L 90° S @ Scap U/R R 10° S @ U/R</p>
<p>Palpatory Assessment:</p> <p><u>Mid Traps - Hypertonic</u></p>	
<p>Treatment:</p> <p><u>MFR iliocostalis, longissimus, semispinalis UT, Mid trap, Lev Scap, Post Scalene, Sphen cap, Dip HRP Lev Scap, UT, Teres minor</u> <u>Cx JOINT MOB</u></p>	<p>Advice & Corrective Exercises:</p> <p><u>Cx Mobility</u> <u>Rec Stretch</u> <u>Median Nerve glides</u></p>
<p>Reassessment & Postural Improvements:</p> <p><u>Cx Rot L 70° S @ U/R</u> <u>R 70° S @ UT.</u></p> <p><u>Cx Lat Flex 20° S @ U/R</u> <u>R 20° S @ U/R</u></p>	

Next Treatment/Management Plan: 3 weeks (booked)