

Tarrengower Remedial Massage

CLIENT RECORD: Follow-up Consultation

Last Name: HEATHCOTE First Name: FLORA

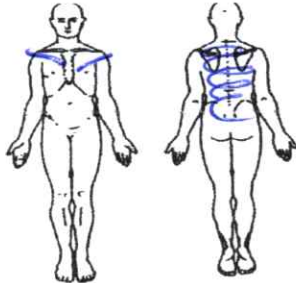
Date 22/8/23

Area Being Treated Recs/Cx/Tx

Current Presentation LOOTRADIOPS:

Has your Clinical Impression changed? Y
If yes _____

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



Rec Major
Rec Minor
Tx
CP

Client consent for treatment

Please sign

[Signature]

Date

22/8/23

OBJECTIVE EXAMINATION:

<p>Observation:</p>	<p>Motion tests (Active, Passive, Resisted, Special Tests): <u>Cx Rotn L 70° S.@U/T</u> <u>R 60° S.@U/T.</u></p>
<p>Palpatory Assessment: <u>@ C1-C6 Med Hypertonic</u></p>	
<p>Treatment: <u>MPTT ESC, U/T, Lev Scap</u> <u>Scalenes, Splen cap,</u> <u>Splen cervi Rec Minor,</u> <u>Rec Major</u> <u>* @ C1-C6 Med [unclear]</u></p>	<p>Advice & Corrective Exercises: <u>YTW</u> <u>Rhomboid activation</u> <u>Glute stretch - seated</u> <u>Glute Bridge</u></p>
<p>Reassessment & Postural Improvements: <u>Cx Rotn L 80° S.@U/T.</u> <u>R 80° S.@U/T</u></p>	

Next Treatment/Management Plan:

3 weeks (booked)