Tarrengower Remedial Massage

CLIENT RECORD: Follow-up Consultation

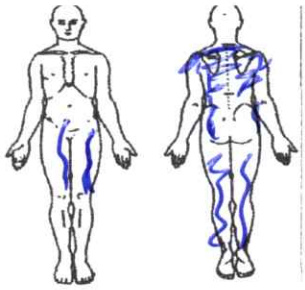
Last Name: BROMAGE First Name: JUDI Date 14/9/22

Area Being Treated Back, Arms, Legs

Current Presentation LOOTRADIOPS:

Has your Clinical Impression changed? Y/N
If yes

Response to previous treatment (+'ve, -'ve ISQ): 7



Pre-Shearing massage
- looser & stretch back, legs, arms.
- Reform sore.

Client consent for treatment

Please sign Date

OBJECTIVE EXAMINATION:

Observation:	Motion tests (Active, Passive, Resisted, Special Tests):
Palpatory **Assessment:**	
Treatment: Light MFFT - iliocostalis, longis. Deltoids, infra, lat dorsi. Effleurage & Petrissage MET H/S, Rectem MFFT H/S, Rectem	Advice & Corrective Exercises: Stretches & warm up prior to Shearing weekend
Reassessment & Postural **Improvements:**	

Next Treatment/Management Plan: currently booked for next week. Will cancel if not required.