

Tarregower Remedial Massage

CLIENT RECORD: Follow-up Consultation

Last Name: SHEPHERD First Name: MARK

Date 26/4/23

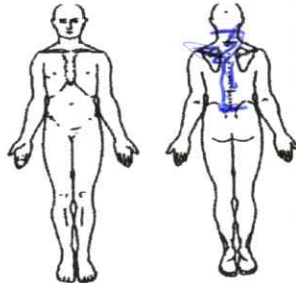
Area Being Treated Cx/Head

Current Presentation LOOTRADIOPS:

Has your Clinical Impression changed? Y N

If yes _____

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



Vertigo

→ Tension (Diagnosed)

BPPV (inner ear)

Client consent for treatment

Please sign _____

Date _____

OBJECTIVE EXAMINATION:

<p>Observation: <u>Cx Tilt ③</u></p>	<p>Motion tests (Active, Passive, Resisted, Special Tests):</p> <p><u>Cx lat Flex L 45° P. @ Supra</u> <u>400 s. @ Supra</u></p> <p><u>Cx Flex 2 Fingers PB</u></p> <p><u>Cx ext splan cerv.</u></p> <p><u>Cx Retr R 60° P. @ U/r</u> <u>L 60° P. @ U/r</u></p>
<p>Palpatory Assessment:</p> <p><u>Cx & Shoulder Hyper</u> <u>tonic</u></p>	<p>Advice & Corrective Exercises:</p> <p><u>Cx Stretch</u></p>
<p>Treatment:</p> <p><u>MFTT Longissimus, SemiSpinalis</u> <u>U/r, low Scap, Supra, Lat</u> <u>Dorsi Splenius Cervicis</u> <u>DIP - Suboccipitals</u> <u>Cx Joint mob.</u></p>	
<p>Reassessment & Postural Improvements:</p> <p><u>Cx Retr L 90° PB</u> <u>R 85° P. @ U/r</u></p>	

Next Treatment/Management Plan: call when needed.