## Tarrengower Remedial Massage

## CLIENT RECORD: Follow-up Consultation

Last Name: GUBGEDOV_First Name: _	BRONWYN Date RILUIZZ
Area Being Treated Tx/4x Current Presentation LOOTRADIOPS:	
Has your Clinical Impression changed? YN  If yes  Response to previous treatment (+'ve, -'veISQ):	TX SPINE  LIBP.  LSCAP J?
Client consent for treatment	
Please sign	Date 19/10/22
OBJECTIVE EXAMINATION:	
Observation:	Motion tests (Active, Passive, Resisted, Special Tests):  (\$\times Roth R & 850 Si@ Scalene  L & 850 PB.  (\$\times Lat Noth L 450 Pi@ Scalene  R 450 Si@ Scalene
Palpatory Assessment:  DScalene (Post) hyperlow	R 450 SI @ Scalene
Treatment: Scalenes, UT, Ler 3 pterson cost. Sza Cx Mobilistion	Advice & Corrective Exercises:  CX Lat Stretch
Reassessment & Postural Improvements:	
Next Treatment/Management Plan:	BOND?)
- Check Headaches post prev. Treatmon	