

CLIENT RECORD: Follow-up Consultation

Last Name: Gunderson First Name: Bronwyn

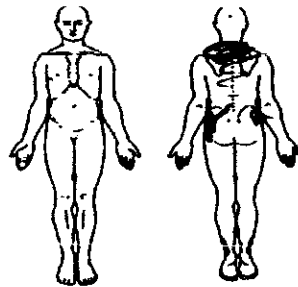
Date 8/11/23

Area Being Treated Cx/Shoulder Current Presentation LOOTRADIOPS:

Has your Clinical Impression changed? Y N

If yes _____

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



Tight / Sore Shoulders
Deltoids
① Glute Min
② Piriformis

Client consent for treatment

Please sign [Signature]

Date _____

OBJECTIVE EXAMINATION:

Observation:	Motion tests (Active, Passive, Resisted, Special Tests): <u>Resisted Shldr ER L ✓x, R ✓x,</u> <u>LK L ✓✓ R ✓✓</u>
Palpatory Assessment:	<u>Shldr Flex L 180° PB</u> <u>R 135° P, @ M. d. delt</u> <u>Cx TILT ②</u> <u>Cx Retn L 70° P, @ U/T</u> <u>R 70° PD</u>
Treatment: <u>MFTT - iliocostalis longissimus</u> <u>semispinalis lat dorsi,</u> <u>U/T, Lev Scap, deltoids</u> <u>DIP MTRP Lev Scap, U/T</u> <u>ex joint mobs</u>	Advice & Corrective Exercises: <u>ER/IR with resistance band</u> <u>(Shoulder) ✓</u> <u>Cx stretches</u> <u>Piriformis stretch ✓</u> <u>Glute stretch ✓</u> <u>Glute bridge ✓</u> <u>* Telehabs -</u>
Reassessment & Postural Improvements: <u>Shldr Flex R 180° PB</u> <u>Cx Retn L 80° S. @ U/T</u> <u>R 80° PB.</u>	

Next Treatment/Management Plan: 4 weeks (booked)