

Tarregower Remedial Massage

CLIENT RECORD: Follow-up Consultation

Last Name: LARKMAN First Name: LOIS

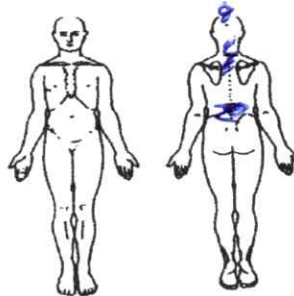
Date 1/12/22

Area Being Treated Lx/Tx

Current Presentation LOOTRADIOPS:

Has your Clinical Impression
changed? Y N
If yes _____

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



Splenius Capitus
referral
Pulling free-branch
broke (whiplash)
Lx pain

Client consent for treatment

Please sign [Signature]

Date 1/12/22

OBJECTIVE EXAMINATION:

Observation: <u>Ⓡ HIP Replacement!</u> <u>Ⓡ Leg ↓ + from Ⓡ</u>	Motion tests (Active, Passive, Resisted, Special Tests):
Palpatory Assessment:	
Treatment: <u>MFTT C1-C2, longissimus</u> <u>acute Med, Splen. cap, U/T</u> <u>Low Scap - Cx Joint Mob.</u> <u>DIP MTP Low Scap.</u>	Advice & Corrective Exercises: <u>Cx Stretch.</u>
Reassessment & Postural Improvements:	

Next Treatment/Management Plan: Ring when needed.