Tarrengower Remedial Massage

CLIENT RECORD: Follow-up Consultation

Last Name: LALKMANFirst Name:	LOIS Date <u>13/3/23</u> .
Area Being Treated CY Cur	rent Presentation LOOTRADIOPS:
Has your Clinical Impression changed? Y(N) If yes Response to previous treatment (+'ve, -'veISQ):	Cardning - Sore under Snowbern Uli sterrect portern LAT DOKS, 2- Splenius Carrice Nuroten 3 hours
Client consent for treatment	
Please sign # whoma	Date
OBJECTIVE EXAMINATION:	
Observation: O Slight.	Motion tests (Active, Passive, Resisted, Special Tests): C+ rotn L 400 P. @ 4T R 800 S. @ U/T
Palpatory Assessment :	Cx Flex 3 Fingers PB Cx Lat flex L 100 G. @ U/T: R 100 S. @ UT.
Treatment: MFTI - EDG, LOW Scap, UT LAT DORS! PIP MTIP Lew Scap, U/T	Advice & Corrective Exercises:
Cx Joint Mob	Cx lef Smetch 1 set 2 reps
Reassessment & Postural Improvements: (x Roth L 500 RB 2 850 RB Cy Lat Flag L 15° 3, @ U/T R 15° S, @ U/T	
Next Treatment/Management Plan:	when reeded