Tarrengower Remedial Massage

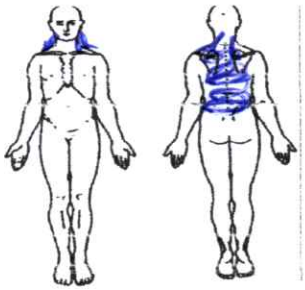
CLIENT RECORD: Follow-up Consultation

Last Name: LARKMAN First Name: LOIS Date 29/6/23

Area Being Treated Cx/Tx/Lx Current Presentation LOOTRADIOPS:

Has your Clinical Impression changed? Y (N)
If yes

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



Pain @ top of head → (Splenius cap)?
Soreness in Shoulder → work down back → spasm in lower back @ Side.
Para cetamol 2/24

Client consent for treatment

Please sign Date

OBJECTIVE EXAMINATION:

Observation:

Palpatory **Assessment:**

Treatment: MFTT thx costalis QL, Longissimus, @ U/T, Lev Scap Supra, Splen Cap, SPlen Cerv D,P MT,P Supra, Lev Scap, U/T Cx Joint Mob

Reassessment & Postural **Improvements:**

Motion tests (Active, Passive, Resisted, Special Tests):

Cx ROM L 45° S,@ U/T
R 50° S,@ U/T
Lat flex L 10° S,@ U/T
R 15° S@ U/T.

Advice & Corrective Exercises:

Cx Stretch 2 sets 2 reps

Next Treatment/Management Plan: as needed