

CLIENT RECORD: Follow-up Consultation

Last Name: LARKMAN First Name: LOIS

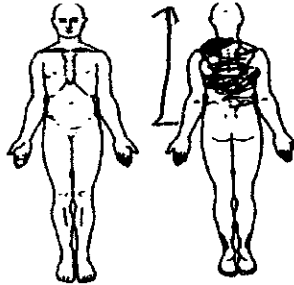
Date 4/10/23

Area Being Treated LB/Shoulder/
Cx.

Current Presentation LOOTRADIOPS:

Has your Clinical Impression
changed? Y N
If yes _____

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



Maintenance today
Spasm in Shoulder
2 weeks of Back Spasms
→ Still feels not right
Tramadol → ok rebr
morning
Lat Dorsi, M. Deltoids
osko - Taylor
castlemaine
osko

Client consent for treatment

Please sign

Larkman

Date

OBJECTIVE EXAMINATION:

Observation:	Motion tests (Active, Passive, Resisted, Special Tests): <u>Shldr abd R 170° PB</u> <u>R 70° P, @ Deltoids</u> <u>Shldr flex R 170° PB</u> <u>L 90° P @ Deltoids</u> <u>@ Shoulder IR during ARB</u>
Palpatory Assessment: <u>Lumbar tight. UTR hypotonic</u> <u>hypertonic</u>	
Treatment: <u>MFTT: ilio costalis, semispinalis</u> <u>QL, UTR, Lev Scap, Supra.</u> <u>Deltoids, Scalenes, Spinalis</u> <u>Spinal cap cx Tant mob</u>	
Reassessment & Postural Improvements: <u>shldr abd R 180° PB</u> <u>L 160° PB</u> <u>* Shldr IR</u>	Advice & Corrective Exercises: <u>YTW</u>

Next Treatment/Management Plan: as needed