

# Tarregower Remedial Massage

## CLIENT RECORD: Follow-up Consultation

Last Name: CARR First Name: JESS

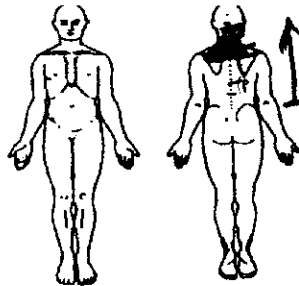
Date 24/7/22

Area Being Treated CX

Current Presentation LOOTRADIOPS:

Has your Clinical Impression changed? Y  
If yes \_\_\_\_\_

Response to previous treatment (+ve, -ve, SQ): 1'ue



GARDENING -  
NOTICED tightness

### Client consent for treatment

Please sign

Date 24/7/22

### OBJECTIVE EXAMINATION:

<p>Observation:</p> <p><u>CX Rotn @ 50° at rest</u></p>	<p>Motion tests (Active, Passive, Resisted, Special Tests):</p> <p><u>CX ROTN L 70° S1 @ U/T</u> <u>R 90° S1 @ U/T</u></p> <p><u>CX LAT Flex L 40° S1 @ U/T</u> <u>R 45° S1 @ U/T</u></p> <p><u>CX Flex 6 Fingers S1 @ U/T</u></p> <p><u>SHldr ABD L 180° PB</u> <u>R 160° S1 @ Pec Min</u></p> <p><u>CX EXT Full</u></p>
<p>Palpatory Assessment:</p> <p><u>Pec Minor @ Hyperbolic</u></p>	
<p>Treatment:</p> <p><u>MFRF RSC, U/T, Low Scap</u></p> <p><u>Pec Minor, Major</u></p> <p><u>DIP MIP, U/T, Low Scap,</u></p> <p><u>Pec Minor</u></p>	
<p>Reassessment &amp; Postural Improvements:</p> <p><u>CX Flex 3 Fingers S1</u> <u>@ Splenius Cerv.</u></p>	<p>Advice &amp; Corrective Exercises:</p> <p><u>Y, T, W - Daily - Hold</u> <u>for 20 sec. (in Doorway)</u></p> <p><u>Chin to chest - Hold for</u> <u>20 sec.</u></p>

Next Treatment/Management Plan: When needed

\* Pec Minor Hyperbolic IT. → need to stretch  
after warm up, before workout.

# PATIENT SCREENING QUESTIONNAIRE FOR COVID-19

Please Circle Yes or No

1. Do you have a fever or Respiratory Symptoms? Yes **No**

Symptoms include fever OR an acute respiratory infection and include (but are not limited to) cough, sore throat, fatigue and shortness of breath with or without a fever.

2. Have you been identified as a close contact of a confirmed case of coronavirus? Yes **No**

You are a close contact if you: live in the same house as someone who tests positive. spent 4 hours or longer with someone in a home, or health or aged care environment.


3. Are you waiting on COVID-19 swab results? Yes **No**

4. Have you been asked to self-isolate by your GP, or a government authority? Yes **No**

5. Have you received a COVID-19 vaccination in the past 3 days? Yes **No**

I, the undersigned hereby declare that the information I have provided in this questionnaire is true and accurate

Name Jessica Carr

Your signature  \_\_\_\_\_

Date 24 / 7 / 22