## **Tarrengower Remedial Massage**

## **CLIENT RECORD: Follow-up Consultation**

Last Name: MONK F	irst Name:	ROZ	Date 23/10/23
Area Being Treated Caltal	_ Cur	rent Presentatio	n LOOTRADIOPS:
Has your Clinical Impression changed? Y N If yes			@ Side - ext. Oldiaques
Response to previous treatment (+'ve, -'velSQ): <u>ナい</u>			CF 17 x / Sp.
Sole investy			
Client consent for treatment			
OBJECTIVE EXAMINATION:	7	Date	
Observation:		Motion tests (Activ	re, Passive, Resisted, Special Tests):
Ralpatory Assessment:  B Centerior to filpation of Paul Referred  Treatment: MAT horostalin a  Oblique, TLF Lat do  Longiss., UT, Lew Sca  Dif MTP lew Scap  Co Join Min. M  Reassessment & Postural Improvement	yest. 18, P UD-CX	Advice & Correct ext ext lat clo	ive Exercises: (ext. oblique). Stretch (ext. oblique).
Next Treatment/Management Plan:	24	peoks (k	Dooked