Tarrengower Remedial Massage

CLIENT RECORD: Follow-up Consultation

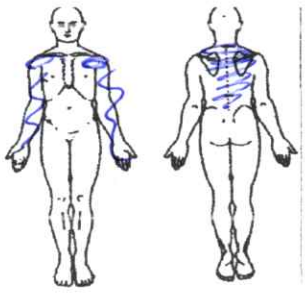
Last Name: Petrusma First Name: Donna Date 26/9/22

Area Being Treated _____

Current Presentation LOOTRADIOPS:

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

Response to previous treatment (+'ve, -'ve ISQ): T've



not running
→ MRI on Q
~~not~~ 2 weeks (18/10)
Patella not Tracking.
Discus / Hammer
ARMS / Pecs
QL

Client consent for treatment

Please sign D Petrusma. Date 26/9/22

OBJECTIVE EXAMINATION:

Observation:
Started throwing discus & Hammer.

Palpatory **Assessment:**

Treatment:
MFTT - ESG, QL, Infra, Supra, Teres Minor, Deltoids, Triceps long, Subscap. Pec Maj, Pec Minor, Biceps long head.

Reassessment & Postural **Improvements:**

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

Advice & Corrective Exercises:
QL Stretch

Next Treatment/Management Plan: Book when needed.