Tarrengower Remedial Massage

CLIENT RECORD: Follow-up Consultation

Last Name: PETRUS MA First Name:	<u>PONNA</u> Date 9/2/23
Area Being Treated Cu	urrent Presentation LOOTRADIOPS:
Has your Clinical Impression changed? Y D If yes	Post Hobart 70.3 (41) ago)
Response to previous treatment (+'ve, -'veISQ): +' (
Client consent for treatment	
Please sign Muth.	Date
OBJECTIVE EXAMINATION:	
Observation:	Motion tests (Active, Passive, Resisted, Special Tests): Uい ロベム300 PB
Palpatory Assessment: TUE & ESK Hypertorn	- Rad box L 10°PB P 15°PB
Treatment: MFT: Pleson Carpi Radiulis Usavi Palmonin longus ECRL, EUGB Piotro traces, Superator, Til cops long: Effleurase, Rethrispay ESG, TIE, Lat dots CT Tout MAD Reassessment & Postural Improvements: Rad dow L 20° fB R 20° fB ULN Day L 40° fB R 40° fB	Advice & Corrective Exercises: Upper humb stretcton Wirst Plan Got
Next Treatment/Management Plan:	