Tarrengower Remedial Massage

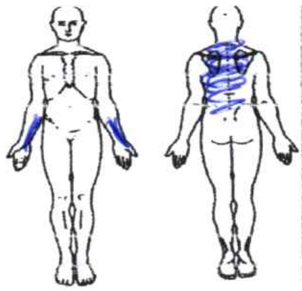
CLIENT RECORD: Follow-up Consultation

Last Name: Sinclair First Name: Cherrie Date 1/7/23

Area Being Treated Fore arm

Current Presentation LOOTRADIOPS:

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



② High stress time with animals @ vet.
③ → Sore shoulders, neck.
① Fore-arms & hands sore, restricted ROM.

Response to previous treatment (+'ve, -'ve ISQ): +'ve
→ Hasn't done correctives

Client consent for treatment

Please sign Ch. Date

OBJECTIVE EXAMINATION:

Observation:	Motion tests (Active, Passive, Resisted, Special Tests): Wrist ext R 80° R@ Abd Poll lon L 80° R@ Wrist flex R 60° S,@ FCR. L 80° S,@ FCU
Palpatory **Assessment:**	
Treatment: MFTT Fore arm extensors & Flexors Ilio costalis, longiss, Semi Spinalis, U/T, Lev Scap DiP MT/P U/T, Lev Scap.	Advice & Corrective Exercises: - Wrists/Forearms 2×2 Cx Stretch 2×2 YTW 2×2
Reassessment & Postural **Improvements:** Wrist flex R 70° S,@ FCR L 80 S,@ Abd Poll long	

Next Treatment/Management Plan: 3 weeks Booked