Tarrengower Remedial Massage

CLIENT RECORD: Follow-up Consultation

ast Name: WILSON First Name: P	eler
Area Being Treated SBL Curr	ent Presentation LOOTRADIOPS:
Has your Clinical Impression changed? Y N If yes Response to previous treatment (+'ve, -'veISQ):	back, legs, reck.
Client consent for treatment	
Please sign	Date
OBJECTIVE EXAMINATION:	
Observation:	Motion tests (Active, Passive, Resisted, Special Tests): Cr (Chn L 30° 5.@ Lev Scap 2 40° 5.@ Lev Scar
Palpatory Assessment: Treatment: Eff & let, then MFTT, Lev Stat . Yi	
- ito ilivestaling longissimus, Semispinaling lat Dovsi, QL, GHad Who, Gustoc, Solem, at DIP-Tib Post Nix Tour Mob Reassessment & Postural Improvements: Croth L 45° PB R 600 PB	Advice & Corrective Exercises: CX Stretches - Ult & Lev Scap -> Apply head it sare
Next Treatment/Management Plan:	as needed