Tarrengower Remedial Massage

CLIENT RECORD: Follow-up Consultation

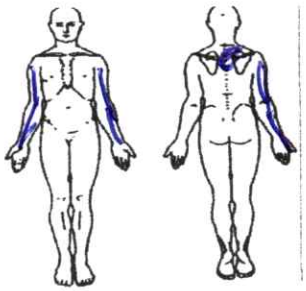
Last Name: WOJNIUSZ First Name: KIRK Date 10/1/23

Area Being Treated _____

Current Presentation LOOTRADIOPS:

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

Response to previous treatment (+'ve, -'ve ISQ): +'ve



Forearms - Nerve pathway - tingling in fingers
(R) Shoulder sore

Client consent for treatment

Please sign Date

OBJECTIVE EXAMINATION:

Observation:

Palpatory **Assessment:**
ECRL (R) FCU (R) Hypertonic
Supraspinatus "

Treatment:
M

Reassessment & Postural **Improvements:**
Wrist R Rad dev 10° S_1 @ ECRL
" L Rad dev 15° PB
R ULN Dev 30° S_1 @ FCU
L " " 35° PB
Shldr abd R 180° B_1 @ Supra

Motion tests (Active, Passive, Resisted, Special Tests):
R Radial Dev 5° S_1 @ ECRL.
L " " 5° S_2 @ PB
R Ulna " 20° S_1 @ FCR & U
L " " 30° PB
L Shld abd 180° B_1 @ Supra
R " " 110 B_1 @ Supra
Wrist flex L 90° R 90°
Wrist ext L 90° R 90°

Advice & Corrective Exercises:
Upper limb stretches
Tennis elbow Program
Median nerve glides
} emailed to Kirk

Next Treatment/Management Plan: Call when needed