Tarrengower Remedial Massage

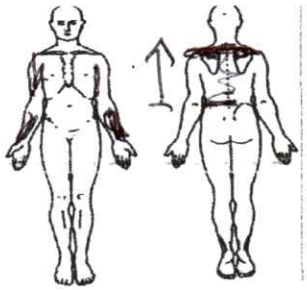
CLIENT RECORD: Follow-up Consultation

Last Name: WOSNIUSZ First Name: KIRK Date 20/4/23

Area Being Treated Shoulder Current Presentation LOOTRADIOPS:

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

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



Shoulders & fore arms.

Client consent for treatment

Please sign Date

OBJECTIVE EXAMINATION:

Observation:

Palpatory **Assessment:**

Treatment:
MFR Ilio costalis, Longissimus, Semi Spinalis, U/T, Supraspinatus, Lev Scap, Lat Dorsi, TLF, Deltoids Pec Maj.
DIPMIRP Supra, U/T, Teres Min

Reassessment & Postural **Improvements:**
Shld abd L 170° P1 @ Supra
R 170° P1 @ Supra

Motion tests (Active, Passive, Resisted, Special Tests):
Shlder PROM L 100° P1 @ Supra.
R 100° P1 @ Supra
R 160° P1 @ Supra
L 160° P1 @ Dnt delt.

R Shld int. Rotn L ✓✓
R ✓✓

Advice & Corrective Exercises:
Cx Flex Stretch Daily x 2
Cx Lat Stretch

Next Treatment/Management Plan: Call when needed.