Tarrengower Remedial Massage

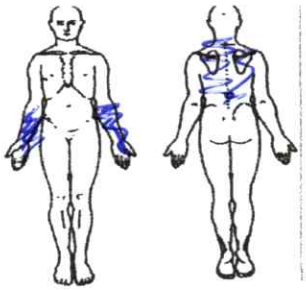
CLIENT RECORD: Follow-up Consultation

Last Name: WOJNIUSZ First Name: KIRK Date 30/8/23

Area Being Treated Shoulders Current Presentation LOOTRADIOPS:

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

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



Forearms & Shoulders

Client consent for treatment

Please sign

Date 30/8/23

OBJECTIVE EXAMINATION:

Observation:
Wrists were at full ROM on 2nd assessment - Pre Treatment

Palpatory **Assessment:**

Treatment:
MFTT iliocostalis, longissimus, semispinalis, Supraspinatus, UT, lev scap, lat dorsi
D.P. MT, P - Supraspinatus, UT Teres minor

Reassessment & Postural **Improvements:**
Shldr abd L 180° P. @ Supra
R 180° P. @ UT.

Motion tests (Active, Passive, Resisted, Special Tests):
Shldr Abd R 160° P. @ Supra
L 150° P. @ UT.

Shrhythm R ✓
L ✓

~~Wrist ext~~

Advice & Corrective Exercises:
Upper limb exercises
Fore-arm stretches.

Next Treatment/Management Plan: as needed