Tarrengower Remedial Massage

CLIENT RECORD: Follow-up Consultation

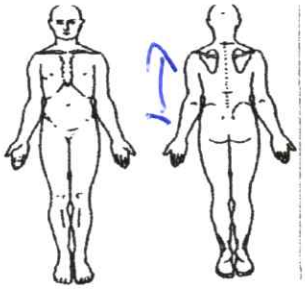
Last Name: GLEESON First Name: EMMA Date 5/5/23

Area Being Treated Tx L Wrist / Knee

Current Presentation LOOTRADIOPS:

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

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



Tx - Between Scaps
=> (R).
Feels sore
longissimus
~~(R) Arm => Hand~~

Client consent for treatment

Please sign Date

OBJECTIVE EXAMINATION:

Observation:	Motion tests (Active, Passive, Resisted, Special Tests): Wrist Flex L 80° PB R 80° PB Wrist Ext L 80° PB R 80° PB
Palpatory **Assessment:**	
Treatment: MFR ilio costalis, longissimus, Serratus posterior, HS, Gastroc, ECRL, ECRB, FCRL, FCRB	Advice & Corrective Exercises: - Elbow Stretches - Exercises per phone
Reassessment & Postural **Improvements:** Wrist ~~ext~~ Flex L 85° PB R 85° PB Wrist ext L 85° PB R 85° PB	

Next Treatment/Management Plan: Book in when back from holiday