

Tarregower Remedial Massage

CLIENT RECORD: Follow-up Consultation

Last Name: WATERS First Name: CAROL

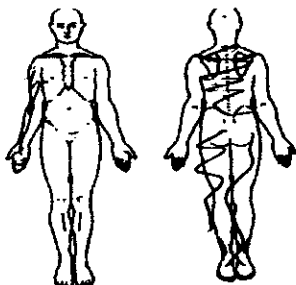
Date 10/3/23

Area Being Treated Rx/Lx/Legs Current Presentation LOOTRADIOPS:

Has your Clinical Impression changed? Y

If yes _____

Response to previous treatment (+ve, -ve/SQ): True



QL

Shoulder/arm

Client consent for treatment

Please sign _____

Date _____

OBJECTIVE EXAMINATION:

<p>Observation:</p>	<p>Motion tests (Active, Passive, Resisted, Special Tests):</p> <p>Shldr Flex <u>R 180° S, @ Pronator Teres</u></p> <p>Wrist Flex <u>L 90° PB</u></p> <p><u>R 90° PB</u></p> <p>Wrist ext <u>L 90° PB</u></p> <p><u>R 80° S, @ pronator teres</u></p>
<p>Palpatory Assessment:</p> <p><u>MRTT - Forearm Flexors</u></p> <p><u>DIP MTIP Pronator Teres</u></p>	
<p>Treatment:</p> <p><u>MRTT QL, iliocostalis,</u></p> <p><u>longissimus, Glute Med,</u></p> <p><u>Glute Max, H/S, Gastroc.</u></p> <p><u>Cx Joint Mob</u></p>	<p>Advice & Corrective Exercises:</p> <p><u>Tennis elbow</u></p>
<p>Reassessment & Postural Improvements:</p> <p><u>Wrist ext R 90° S, @</u></p> <p><u>Pronator teres</u></p>	

Next Treatment/Management Plan: Call when needed