Tarrengower Remedial Massage

CLIENT RECORD: Follow-up Consultation

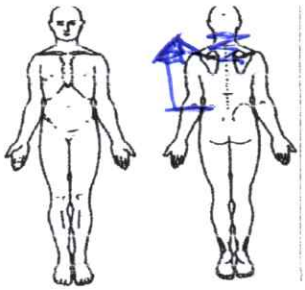
Last Name: WATTERS First Name: CAROL Date 6/7/23

Area Being Treated _____

Current Presentation LOOTRADIOPS:

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

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



Neck - no pain
→ a bit of vertigo (cardiogenic related)
low blood pressure
- blocked ear
R ear / molar.
Right or R Side Neck / Jaw

Client consent for treatment

Please sign

Date

OBJECTIVE EXAMINATION:

Observation:

Palpatory **Assessment:**

Treatment:
MFTs: iliocostalis, longissimus, semi spinalis, lev Scap, U/T, Post Scalene
DIP MTrP Supra, Lev Scap, U/T Scalenes
Cx Joint mob, Cx MLD

Reassessment & Postural **Improvements:**
Cx RoM L 75° P, @ U/T
R 75° P, @ U/T

Motion tests (Active, Passive, Resisted, Special Tests):
Cx Rotn L 50° P, @ U/T
R 50° P, @ U/T
Cx Latflex L 45° P, @ U/T
R 45° P, @ U/T

Advice & Corrective Exercises:
Cx Lat Stretch
Cx Lev Scap Stretch
2 x 2 Daily

Next Treatment/Management Plan: Call when needed