Tarrengower Remedial Massage

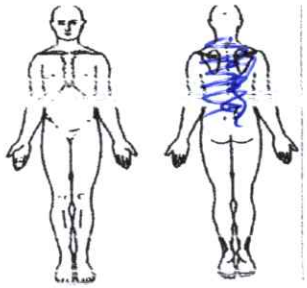
CLIENT RECORD: Follow-up Consultation

Last Name: PEACE First Name: CATHERINE Date 15/6/23.

Area Being Treated Cx/Tx/Lx Current Presentation LOOTRADIOPS:

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

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



Not going to Yoga
Sore - gardening

Client consent for treatment

Please sign C Peace Date 15/6/23.

OBJECTIVE EXAMINATION:

Observation:

Palpatory **Assessment:**

Treatment:
MFR iliocostalis, longissimus, semi spinalis, UT, lev Scap, Rhomb. / cupping - Rhomb.
DiP MFR UT, lev Scap, Rhom.

Reassessment & Postural **Improvements:**
Cx Rotn L 70° S, @ U/T
R 80° S, @ U/T
Cx Lat Flex L 30° PB
R 30° PB

Motion tests (Active, Passive, Resisted, Special Tests):
Cx Rotn L 45° S, @ U/T
R 60° PB
Cx Lat Flex L 20° S, @ U/T
R 30° PB
Lx Flex floor

Advice & Corrective Exercises:
Cx Stretch - U/T
- Lev Scap
Daily 2 sets 3 Reps

Next Treatment/Management Plan: 3 weeks (booked)