

Tarregower Remedial Massage

CLIENT RECORD: Follow-up Consultation

Last Name: PEACE First Name: CATHERINE

Date 19/10/23

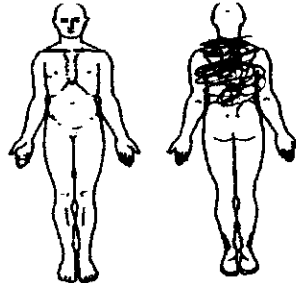
Area Being Treated Shoulders/
TX/LX

Current Presentation LOOTRADIOPS:

Has your Clinical Impression
changed? Y

If yes _____

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



Stress
- Doing breathing
apparatus

Client consent for treatment

Please sign C Peace

Date 19/10/23

OBJECTIVE EXAMINATION:

Observation:	Motion tests (Active, Passive, Resisted, Special Tests): <u>Cx Rotn L 60° S, @ Low Scap</u> <u>R 70° S, @ Low Scap</u> <u>Cx Lat Flex L 45° PB</u> <u>R 30° S, @ U/T</u>
Palpatory Assessment: <u>R adductor longus Hypertonic</u>	
Treatment: <u>MFTT iliocostalis, Cr, semi</u> <u>longissimus, Low Scap, U/T</u> <u>Teres Minor</u> <u>OIP: GMad</u>	Advice & Corrective Exercises: <u>YTW</u>
Reassessment & Postural Improvements: <u>Cx Rotn L 85° S, @ U/T</u> <u>R 85° S, @ U/T</u>	

Next Treatment/Management Plan: 3 weeks (booked)