

Tarregower Remedial Massage

CLIENT RECORD: Follow-up Consultation

Last Name: Mc Shannag First Name: Lynne

Date 25/6/22

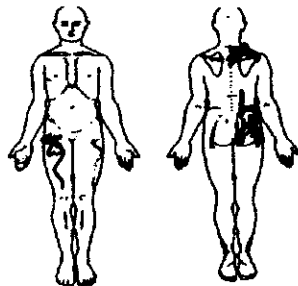
Area Being Treated _____

Current Presentation LOOTRADIOPS:

Has your Clinical Impression changed? Y ☒

If yes _____

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



R HIP CL
Shoulder
- Supra?
- Delt

Client consent for treatment

Please sign _____

Date _____

OBJECTIVE EXAMINATION:

<p>Observation:</p>	<p>Motion tests (Active, Passive, Resisted, Special Tests):</p> <p>Shoulder Rbd L 180° PB R 90° P, @ Supra</p>
<p>Palpatory Assessment:</p>	<p>Flex L 180° S, @ Triceps L R 130° S @ Ant (U/T)?</p> <p>Cx Rotn L 70° S, @ U/T R 60° P, @ U/T</p>
<p>Treatment:</p> <p>MFTT U/T, Low Scap, Rhom., Gate Med, Gate Max, QL, Reckm DIP MTP, P: U/T, Low Scap,</p>	<p>CK Flex L 200° P, @ U/T R 300° P, @ U/T</p> <p>Advice & Corrective Exercises:</p> <p>Piriformis Stretch (Seated to inside off leg) → add pressure to knee</p>
<p>Reassessment & Postural Improvements:</p> <p>Cx Rotn L 80° S, @ Post Scalene R 70° S, @ U/T</p> <p>Cx Lat Flex L 40° S, @ U/T R 40° S, @ U/T</p>	

Next Treatment/Management Plan: 2 weeks - Progress: Shoulder → delt → elbow

PATIENT SCREENING QUESTIONNAIRE FOR COVID-19

Please Circle Yes or No

1. Do you have a fever or Respiratory Symptoms? Yes No

Symptoms include fever OR an acute respiratory infection and include (but are not limited to) cough, sore throat, fatigue and shortness of breath with or without a fever.

2. Have you been identified as a close contact of a confirmed case of coronavirus? Yes No

You are a close contact if you: live in the same house as someone who tests positive. spent 4 hours or longer with someone in a home, or health or aged care environment.

3. Are you waiting on COVID-19 swab results? Yes No

4. Have you been asked to self-isolate by your GP, or a government authority? Yes No

5. Have you received a COVID-19 vaccination in the past 3 days? Yes No

I, the undersigned hereby declare that the information I have provided in this questionnaire is true and accurate

Name LYNNE MCSTANLEY

Your signature [Signature]

Date 25/06/2022