Tarrengower Remedial Massage

CLIENT RECORD: Follow-up Consultation

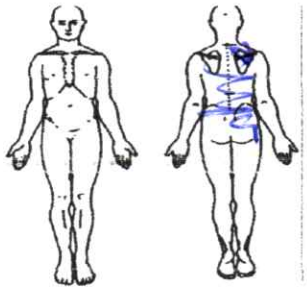
Last Name: Mc Shanag First Name: Lynn Date 21/4/23.

Area Being Treated Shldr / Tx Lx.

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

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

Current Presentation LOOTRADIOPS:



R Shoulder
@ Glute Max
Piriformis

Client consent for treatment

Please sign Date 21/4/2023

OBJECTIVE EXAMINATION:

Observation:	Motion tests (Active, Passive, Resisted, Special Tests):
Palpatory **Assessment:**	
Treatment: MFT Ilio costalis, Longissimus, Semi Spinalis, QL, Infraspin, Supraspinatus, Lat Dorsi, UT, Lev Scap / DIP MTrP Glute Med, Cx Joint Mob / UT.	Advice & Corrective Exercises: Piriformis Stretch QL Stretch
Reassessment & Postural **Improvements:**	

Next Treatment/Management Plan: 4 Weeks Booked