

Tarregower Remedial Massage

CLIENT RECORD: Follow-up Consultation

Last Name: Mc SHANNAH First Name: Lynn

Date 20/5/23

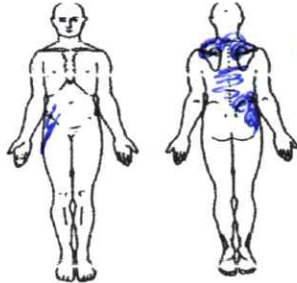
Area Being Treated Cx/Tx/Hips

Current Presentation LOOTRADIOPS:

Has your Clinical Impression changed? Y N

If yes _____

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



covid 2 weeks ago

@ Hip

Both Shoulders, @ worse

Tx - tightness

Client consent for treatment

Please sign _____

Date 20/5/23

OBJECTIVE EXAMINATION:

Observation:	Motion tests (Active, Passive, Resisted, Special Tests):
Palpatory Assessment:	
Treatment: <u>MFR</u> <u>thoracic</u> , <u>longissimus</u> <u>QL</u> , <u>semispinalis</u> , <u>U/L</u> , <u>lev</u> <u>scap</u> <u>scapular</u> , <u>scm</u> , <u>lat</u> <u>dorsi</u> , <u>rhomb</u> <u>U/L</u> , <u>infra</u> <u>clav</u> <u>Cx</u> <u>Joint</u> <u>mob</u>	
Reassessment & Postural Improvements:	Advice & Corrective Exercises: <u>Cx</u> <u>Stretchers</u> <u>Glute</u> <u>Bridges</u>

Next Treatment/Management Plan: 4 weeks (booked)