Tarrengower Remedial Massage

CLIENT RECORD: Follow-up Consultation	
Last Name: Stepherd First Name:	Wan Date 6, 11, 22.
Area Being Treated C	rrent Presentation LOOTRADIOPS:
Has your Clinical Impression changed? Y (N) If yes	CO -> fead Tightness @ Splenie
Please sign Date 16/11/27 OBJECTIVE EXAMINATION:	
Observation:	Motion tests (Active, Passive, Resisted, Special Tests): Cx Rota L 45° PI @ Sperius (cp) R 60° PI @ 017 · Cx Lat Flex L 40° S, @ UT ·
Palpatory Assessment:	CY Lat Plex L 40° S. @ Ult. E 30° SI@ Ult CX Ext 30° P. @ Ult Userel
MFTT Longiskimus, Splen, Lov Scar, UK, Spen captary,	Cuflex I finge PB
DIP MTIP Infra,	Advice & Corrective Exercises:
Reassessment & Postural Improvements: LEM L 600 PB R 700 PROVIT C4 CAPPOR L 450 SIRVI R 450 SIRVI	
Next Treatment/Management Plan: Alan to book for forecare	