

# Tarregower Remedial Massage

## CLIENT RECORD: Follow-up Consultation

Last Name: HEATHCORE First Name: KONN

Date 12/10/22

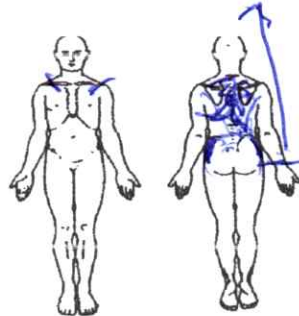
Area Being Treated \_\_\_\_\_

Current Presentation LOOTRADIOPS:

Has your Clinical Impression changed? YN

If yes \_\_\_\_\_

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



Rec Minor  
Rhomboids  
acute Med  
TLE  
LATS → CX

### Client consent for treatment

Please sign

[Signature]

Date 12/10/22

### OBJECTIVE EXAMINATION:

Observation:	Motion tests (Active, Passive, Resisted, Special Tests):
Palpatory Assessment:	
Treatment: <u>MFTT Rhom, U/T, Lev Scap,</u> <u>LAT DORS, acute Med.</u> <u>Joint Mob C2-C5</u> <u>MFTT Splen Cerv.</u> <u>D.P MTP Rhomb, Lev Scap</u>	Advice & Corrective Exercises: <u>No additional stretches</u> <u>or exercises</u>
Reassessment & Postural Improvements:	

Next Treatment/Management Plan: 3 weeks (booked)