

Tarregower Remedial Massage

CLIENT RECORD: Follow-up Consultation

Last Name: HEATHCOTE First Name: FIONA

Date 5/12/22

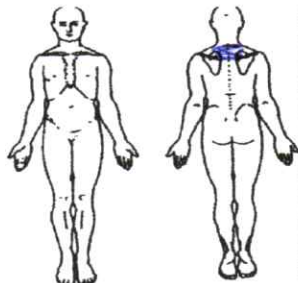
Area Being Treated Cerv/LX

Current Presentation LOOTRADIOPS:

Has your Clinical Impression changed? Y ☒ N

If yes _____

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



Q Lev Scap
Q U/T

LACARINTA TRAIL
→ JULY 2023

Client consent for treatment

Please sign

Date

OBJECTIVE EXAMINATION:

Observation:	Motion tests (Active, Passive, Resisted, Special Tests):
Palpatory Assessment:	
Treatment: <u>MFRT Iliocostalis, longissimus</u> <u>U/T lev Scap Rhomboids</u> <u>DIP MTP U/T Rhomboids</u> <u>lev Scap</u>	Advice & Corrective Exercises: <u>Y T W</u>
Reassessment & Postural Improvements:	

Next Treatment/Management Plan: 4 Weeks (Booked)