Tarrengower Remedial Massage

CLIENT RECORD: Follow-up Consultation

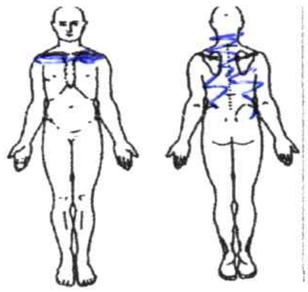
Last Name: HEATHCOTE First Name: FIONA Date 10/8/23

Area Being Treated ____________

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

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

Current Presentation LOOTRADIOPS:



Started strength training - Flys
→ Pecs, Rhomboids
Shldrs, ER, IR.
LAT DORSI

Client consent for treatment

Please sign [signature] Date

OBJECTIVE EXAMINATION:

Observation:

Palpatory **Assessment:**
Pec Maj & Min Hypertonic

Treatment:
MFTT iliocostalis, longissimus
infraspinatus, supraspinatus
Teres Minor, Pec Maj, Pec Minor
DiP MTrP Supra, Teres Min

Reassessment & Postural **Improvements:**
ABD R 135°
L 140°
Flex R 175
L 180

Motion tests (Active, Passive, Resisted, Special Tests):
Shldr ABD R 130° S1 @ Pec Maj
L 135° S1 @ Pec Maj
Flex R 170 P1 @ ~~Biceps Long~~
L 170 P1 @ Ant Delt

Advice & Corrective Exercises:
Rhomboids Facilitation
YTW

Next Treatment/Management Plan: 2 weeks (booked)
→ Pecs