

Tarregower Remedial Massage

CLIENT RECORD: Follow-up Consultation

Last Name: HORTING First Name: JANE

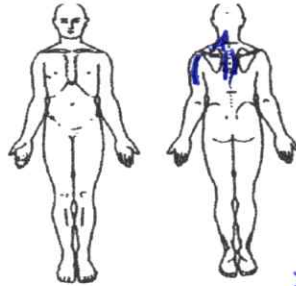
Date 26/3/22

Area Being Treated ① Shoulder Current Presentation LOOTRADIOPS:
Upper arm

Has your Clinical Impression changed? Y/N

If yes _____

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



① Ant Deltoid
- wakes at night
Triceps long
head?

Client consent for treatment

Please sign

J. H.

Date

26/3/2022

*NOTE: "lump" on ① triceps
long head

OBJECTIVE EXAMINATION:

Observation:	Motion tests (Active, Passive, Resisted, Special Tests): <u>Resisted: Shldr ext ✓</u> <u>" Abd ✓</u> <u>Int. ext ✓</u> <u>ext. rotn</u>
Palpatory Assessment: <u>① Triceps L. Head Hypertonic</u>	Active: <u>Shldr</u> <u>int rotn 30° PB</u> <u>ext " 90° PB.</u>
Treatment: <u>MFT TLF, Infra, Supra,</u> <u>Deltoids, triceps</u> <u>Or MTP Infra, Teres Minor</u> <u>Pls triceps long head</u>	Advice & Corrective Exercises: <u>Heat if painful</u> <u>Tricep stretch</u>
Reassessment & Postural Improvements:	

Next Treatment/Management Plan: Mention "lump" to GP next visit

-1