Tarrengower Remedial Massage

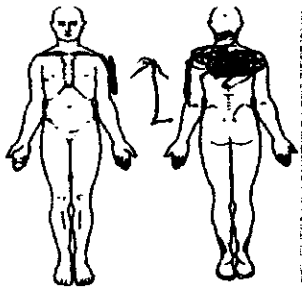
CLIENT RECORD: Follow-up Consultation

Last Name: HOTTINS First Name: JANE Date 11/11/23

Area Being Treated Shldr/Tx . Current Presentation LOOTRADIOPS:

Has your Clinical Impression changed? Y (N)
If yes _____

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



Lat Lorsi
Post Delt
Teres Min
Subscap
Infra

Client consent for treatment

Please sign _____ Date

OBJECTIVE EXAMINATION:

Observation:

Palpatory **Assessment:**

Treatment: MFR iliocostalis, longis., UT, Lev Scap, Teres Min, Infra, Deltoids, Triceps Long, Subscap, Supra.
O.P MTrP- Lev Scap, UT, Teres Minor
Ex Joint Mob- Splen cap, Lev Scap

Reassessment & Postural **Improvements:**
Ex Rotn L 70° PI @ Post Scalene
R 70° PB
Shldr ABD L 110 S, @ Triceps long
Flex L 170° S, @ Triceps long

Motion tests (Active, Passive, Resisted, Special Tests):
Hawkins Kennedy (L) - UR
Shldr ABD L 90° S, @ Biceps Short
R 180° PB
Shldr Flex L 160° PI @ anterior Delt.
R 180° PB
Ex Rotn L 60° S, @ end R 40° PB Scap off table flex

Advice & Corrective Exercises:
Triceps Stretch w dumbell
Neck Flexor stretch
Extensor "
Ex Rotn
Related

Next Treatment/Management Plan: As needed