

Tarregower Remedial Massage

CLIENT RECORD: Follow-up Consultation

Last Name: ADDLEMAN First Name: HANLEY

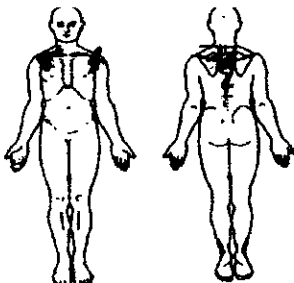
Date 6/7/22

Area Being Treated Cx, Rhomb, Pec Minor Current Presentation LOOTRADIOPS:

Has your Clinical Impression changed? Y(N)

If yes _____

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



Client consent for treatment

Please sign H. Addleman

Date 6/7/22

OBJECTIVE EXAMINATION:

<p>Observation:</p>	<p>Motion tests (Active, Passive, Resisted, Special Tests):</p> <p>Cx Rotn L 80° S, @ U/T.</p> <p>R 60° P, @ U/T</p> <p>Lat Flex L 45° S, @ Post Scap</p> <p>R 20° S, @ U/T</p> <p>Shldr Int Rotn.</p> <p>HORIZ. ABD (Resist) L x3 ✓</p> <p>R x2 ✓</p>
<p>Palpatory Assessment:</p>	<p>Advice & Corrective Exercises:</p> <p>Pec Minor Stretch</p> <p>Rhomb act.</p> <p>Cx Stretchers - Lev Scap, U/T, Scapular, SCM</p> <p>Hold for 20 sec every 2nd day</p>
<p>Treatment:</p> <p>MFT: Rhom, Pec Minor, Lev Scap</p> <p>U/T, Scapulars, SCM - DIP Mi, P U/T, Lev Scap</p> <p>MET Cx Lat Flex.</p> <p>Reassessment & Postural Improvements:</p> <p>Cx Rotn L 85° S, @ U/T</p> <p>R 85° S, @ U/T.</p> <p>Cx Lat Flex L 45° S, @ U/T</p> <p>R 45° S, @ Scapular</p>	

Next Treatment/Management Plan: call when needed

PATIENT SCREENING QUESTIONNAIRE FOR COVID-19

Please Circle Yes or No

1. Do you have a fever or Respiratory Symptoms? **Yes No**

Symptoms include fever OR an acute respiratory infection and include (but are not limited to) cough, sore throat, fatigue and shortness of breath with or without a fever.

2. Have you been identified as a close contact of a confirmed case of coronavirus? **Yes No**

You are a close contact if you: live in the same house as someone who tests positive. spent 4 hours or longer with someone in a home, or health or aged care environment.

3. Are you waiting on COVID-19 swab results? **Yes No**

4. Have you been asked to self-isolate by your GP, or a government authority? **Yes No**

5. Have you received a COVID-19 vaccination in the past 3 days? **Yes No**

I, the undersigned hereby declare that the information I have provided in this questionnaire is true and accurate

Name Hayley Addlem

Your signature Hayley Addlem

Date 6, 7, 22