

Tarregower Remedial Massage

CLIENT RECORD: Follow-up Consultation

Last Name: RODLE First Name: HAZLEY

Date 24/6/23

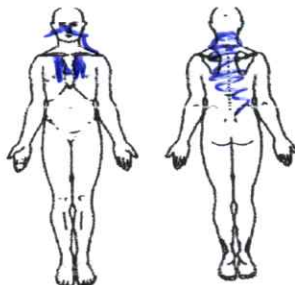
Area Being Treated Cx / Rx

Current Presentation LOOTRADIOPS:

Has your Clinical Impression changed? Y N

If yes _____

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



Headaches
Cx Restricted Rom
Sinuses blocked

Client consent for treatment

Please sign _____

Date _____

OBJECTIVE EXAMINATION:

<p>Observation:</p>	<p>Motion tests (Active, Passive, Resisted, Special Tests):</p> <p><u>Cx Rom L 45° S, @ Spn Serv?</u> <u>R 40° S, @ U/R</u></p>
<p>Palpatory Assessment:</p>	
<p>Treatment:</p> <p><u>MLO - Head/neck.</u> <u>MFR - into costalis, semi spinals</u> <u>U/R lev Scap, Spn cord.</u> <u>splenio cephalic</u> <u>Cx Joint mob</u></p>	<p>Advice & Corrective Exercises:</p> <p><u>Cx Stretches 2 sets 3 reps.</u></p>
<p>Reassessment & Postural Improvements:</p> <p><u>Cx Rom L 80° S, @ U/R</u> <u>R 80° S, @ U/R</u></p>	

Next Treatment/Management Plan: as needed