

Tarregower Remedial Massage

CLIENT RECORD: Follow-up Consultation

Last Name: Carv First Name: Chris

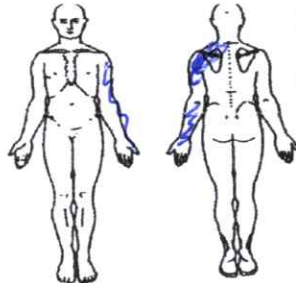
Date 12/8/23

Area Being Treated Forearm

Current Presentation LOOTRADIOPS:

Has your Clinical Impression changed? Y N
If yes _____

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



① Arm → Shoulder strained @ work.
PCU?
PCL
ECRL
ECRB

Client consent for treatment

Please sign Chris Carv

Date 12/8/23

OBJECTIVE EXAMINATION:

Observation:	Motion tests (Active, Passive, Resisted, Special Tests): <u>Distal ext 80° PB</u> <u>Flex 90 PB</u>
Palpatory Assessment:	<u>P Red dot L 5 R. (Back)</u> <u>Uln dev L 20 R. (Spring)</u>
Treatment: <u>MPTT Forearm Flexors</u> <u>extensors, Triceps, delts,</u> <u>Cervic Minor</u>	Advice & Corrective Exercises: <u>Fore arm program</u> <u>→ focus on wrist ext</u>
Reassessment & Postural Improvements: <u>Wrist ext 85 80 PB</u> <u>Flex 90</u>	

Next Treatment/Management Plan: As needed