

Tarregower Remedial Massage

CLIENT RECORD: Follow-up Consultation

Last Name: GARDNER First Name: STEPHEN

Date: 16/10/23

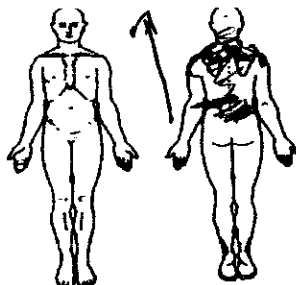
Area Being Treated Tx/Lx:

Current Presentation LOOTRADIOPS:

Has your Clinical Impression changed? YN

If yes: _____

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



@ Shoulder is still

Lx → Tx → Cx
pellets

Client consent for treatment

Please sign Stephen J

Date

OBJECTIVE EXAMINATION:

Observation:	Motion tests (Active, Passive, Resisted, Special Tests): Cx Rom L 70° P @ U/R R 60° P @ U/R Cx Lat Flex L 45° PB R 45° PB Blkdy abd L 120° PB R 120° PB
Palpatory Assessment:	
Treatment: MFTT - iliocostalis, longiss, Serru Spinalis, U/R, Lev Scap Post scalene DIP MTP-lev Scap, U/R	Advice & Corrective Exercises: Cx Stretch Lev Scap Stretch. Heat on deep MTP.
Reassessment & Postural Improvements: Cx Flex L 70° P @ U/R R 70° P @ U/R	

Next Treatment/Management Plan:

As noted 2 weeks
HPS / G. hicks. (LB)