

Tarregower Remedial Massage

CLIENT RECORD: Follow-up Consultation

Last Name: LEE First Name: Andrea

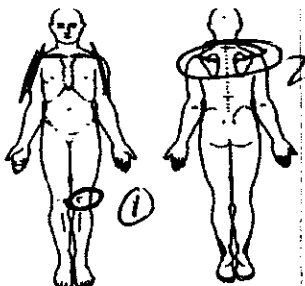
Date 28/9/23

Area Being Treated Knee

Current Presentation LOOTRADIOPS:

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

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



① Knee - pain under head
→ warm up
→ CK
Medial → radiating ↑
(adductor)
② Shoulders
③ Neural symptoms Middle Finger

Client consent for treatment

Please sign

Date

OBJECTIVE EXAMINATION:

<p>Observation:</p> <p>R Shldr ↑ Scap ↑ + ↑</p>	<p>Motion tests (Active, Passive, Resisted, Special Tests):</p> <p>Wrist ext L 90° PB Flex R 90° P. @ retinaculum L 70° PBF R 70° PB Shldr Flex L 135° S1 @ lat Dorsi R 150° S1 @ Pec Minor Shldr ab L 135° PB R 135° PB</p>
<p>Palpatory Assessment:</p>	
<p>Treatment:</p> <p>MFTT Wrist Flexors, lat Dorsi, lev Scap, U/T, Pec Minor</p>	<p>Advice & Corrective Exercises:</p> <ul style="list-style-type: none"> - YTW - Fore arm Stretches - Median Nerve glides
<p>Reassessment & Postural Improvements:</p> <p>R Scap ↑ Wrist ext L 75° PB R 75° PB Shldr Flex L 180° PB R 180° PB</p>	

Next Treatment/Management Plan: as needed - Booked late Nov