

# Tarrengower Remedial Massage

## CLIENT RECORD: Follow-up Consultation

Last Name: Mc Knight First Name: Bill

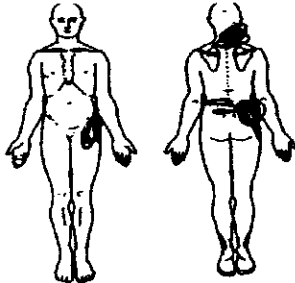
Date 9/10/23

Area Being Treated Cx/HIPS

Current Presentation LOOTRADIOPS:

Has your Clinical Impression changed? (N)  
If yes \_\_\_\_\_

Response to previous treatment (+ve, -ve, SQ): 1've



@HIP

@ Neck

### Client consent for treatment

Please sign

Bill McKnight

Date

### OBJECTIVE EXAMINATION:

Observation:	Motion tests (Active, Passive, Resisted, Special Tests): <u>Cx Rotn L 40° S, @ VIT</u> <u>R 45° P, @ VIT</u>
Palpatory Assessment:	
Treatment: <u>MTT - thoracatus, Q, white med, white Max, TLF, lat Dorsi</u> <u>Low Scap, UT, Post Scalene</u>	Advice & Corrective Exercises: <u>Cx Rotn L 45° S, @ Post Scalene</u> <u>60° S @ VIT</u>
Reassessment & Postural Improvements: <u>Trap Stretches Daily</u>	

Next Treatment/Management Plan: as needed