

Tarregower Remedial Massage

CLIENT RECORD: Follow-up Consultation

Last Name: REDFERN First Name: Graham

Date 4/2/23

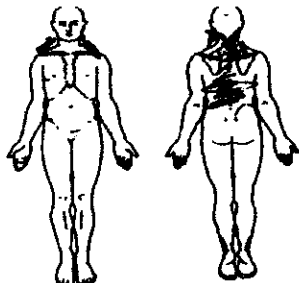
Area Being Treated Cx

Current Presentation LOOTRADIOPS:

Has your Clinical Impression changed? Y ☒ N

If yes _____

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



codaino 30 mins before appointment

C6/7 Virtual Fusing

Client consent for treatment

Please sign

Date

OBJECTIVE EXAMINATION:

Observation:	Motion tests (Active, Passive, Resisted, Special Tests): <u>Cx Rotn L 45° P, @ Scapre</u> <u>R 50° S, @ U/T</u> <u>Cx Lat Flex L 30° S, @ U/T</u> <u>R 45° PB.</u> <u>Cx Flex 2 Fingers PB.</u>
Palpatory Assessment:	
Treatment: <u>MPTT - RSC, splen, U/T,</u> <u>Low Scap, Post Scalene</u> <u>DR MTP U/T, Low Scap,</u> <u>Post Scalene</u>	Advice & Corrective Exercises:
Reassessment & Postural Improvements: <u>Cx Rotn L 60° P, @ Post Scalene</u> <u>R 70° S @ U/T.</u>	

Next Treatment/Management Plan: Call when needed