

Tarregower Remedial Massage

CLIENT RECORD: Follow-up Consultation

Last Name: REDFERN First Name: Graham

Date 18/2/23

Area Being Treated Cx/Shoulder Current Presentation LOOTRADIOPS:

Has your Clinical Impression changed? Y
If yes _____

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

"Wonderful"
-headache stopped.

Client consent for treatment

Please sign

Date 18/2/22

OBJECTIVE EXAMINATION:

Observation:	Motion tests (Active, Passive, Resisted, Special Tests): Cx Rotn R 45° P. @ U/T L 60° P. @ U/T Cx Lat Flex L 30° R @ U/T R 30° P. @ U/T Shld Abd R 90° S @ 4 r/caps Long. L 95° S @ " " Flex R 135° S @ " " 140° S @ " "
Palpatory Assessment: U/T Hyperbolic	
Treatment: MTT ES, U/T, Lev Scap Splen Cer, Splen cap. DID, MTP Lev Scap, Rhomb. U/T. Cx Joint Mob	Advice & Corrective Exercises: Cx Stretches 1 sets 2 rep <i>daily</i> Lev Scap Stretches 1 sets 2 rep
Reassessment & Postural Improvements: Cx Rotn L 70° P. @ U/T R 50° P. @ U/T Cx Lat Flex L 40° P. @ U/T R 45° P. @ U/T	

Next Treatment/Management Plan: call when needed.