

# Tarregower Remedial Massage

## CLIENT RECORD: Follow-up Consultation

Last Name: SINCLAIR First Name: Sherrie

Date 5/6/23

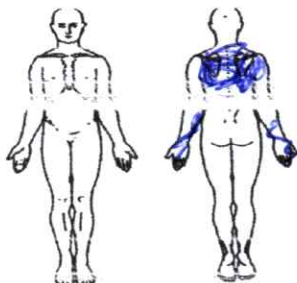
Area Being Treated Forearms

Current Presentation LOOTRADIOPS:

Has your Clinical Impression changed? Y N

If yes \_\_\_\_\_

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



@ Wrists

@ Cx / Shoulders

### Client consent for treatment

Please sign

lv

Date

### OBJECTIVE EXAMINATION:

<p>Observation:</p>	<p>Motion tests (Active, Passive, Resisted, Special Tests):</p> <p><u>Wns Flex L 80° S. @ deltoids(?)</u>  <u>R 80° S. @ triceps.</u>  <u>Wrist ext R 85° P. @ ECU</u>  <u>R 75° P. @ ext.</u>  <u>Cx Rot L 45° P. @ U/T</u>  <u>R 60° P. @ U/T.</u></p>
<p>Palpatory Assessment:</p>	<p>Advice &amp; Corrective Exercises:</p> <p><u>Forearm stretches.</u>  <u>Cx stretch</u></p>
<p>Treatment:</p> <p>Reassessment &amp; Postural Improvements:</p> <p><u>Cx Rotn L 70° R @ U/T</u>  <u>R 60° P. @ U/T</u>  <u>Wrist ext R 85° @ ECU</u>  <u>L 90° S. @ ECU</u></p>	

Next Treatment/Management Plan: \_\_\_\_\_

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