

Tarregower Remedial Massage

CLIENT RECORD: Follow-up Consultation

Last Name: SINCLAIR First Name: CHERRIE

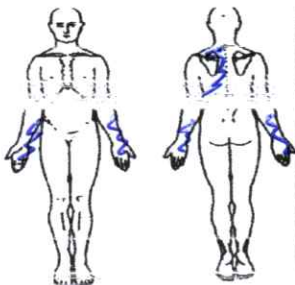
Date 17/6/23

Area Being Treated Forearms/Shoulder Current Presentation LOOTRADIOPS:

Has your Clinical Impression changed? Y N

If yes _____

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



@Shoulder
→ sitting in chair
with high armrests

Forearms
→ pain

hands & feet always
cold
→ thru pain

Client consent for treatment

Please sign Ch

Date

OBJECTIVE EXAMINATION:

Observation:	Motion tests (Active, Passive, Resisted, Special Tests): <u>Wrist Flex L 70° S₁@thru</u> <u>R 70° S₁@thru</u> <u>ext L 70° S₁@thru</u> <u>R 60° S₁@thru</u>
Palpatory Assessment:	
Treatment: <u>Cupping - int. glide ECR, FCR</u> <u>Flexor Pollicis Longus</u> <u>MFRP - Longissimus inf, Supra</u> <u>U/T, Lat Dorsi, Lev Scap</u> <u>D.P MTRP - infra, U/T, Lev Scap</u>	Advice & Corrective Exercises: <u>YSW</u> <u>Wrist Flex & ext.</u> <u>Daily 2 sets.</u>
Reassessment & Postural Improvements: <u>Wrist Flex L 85° S₁@thru</u> <u>R 85° S₁@thru</u> <u>Wrist ext L 85° S₁@thru</u> <u>R 85° S₁@thru</u>	

Next Treatment/Management Plan:

2 weeks (booked)