

Tarregower Remedial Massage

CLIENT RECORD: Follow-up Consultation

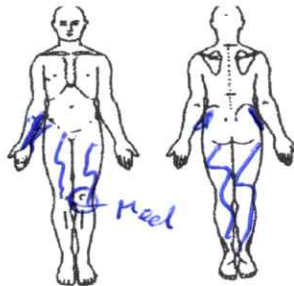
Last Name: GLEESON First Name: FIONA

Date 10/9/22

Area Being Treated legs/lx, fore arm Current Presentation LOOTRADIOPS:

Has your Clinical Impression changed? Y N
If yes _____

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



Medial knee
easier with KLT

Client consent for treatment

Please sign [Signature]

Date 10/9/22

OBJECTIVE EXAMINATION:

Observation: <u>suspect pes anserinus bursa. Refer it no better next week</u>	Motion tests (Active, Passive, Resisted, Special Tests): <u>PKB L 4 fingers R (Spring)</u> <u>R 4 fingers R (Spring)</u> <u>HIP Flex R 120° R (Spring)</u> <u>L 120° R (Spring)</u> <u>Trendelenburg L -ve</u> <u>R +ve</u>
Palpatory Assessment:	
Treatment: <u>MFTT TLF, Glute Med,</u> <u>W/S, Calves, Rec Fem,</u> <u>@ forearm flexors</u> <u>DIP RT/P - Glute Med,</u>	
Reassessment & Postural Improvements: <u>R HIP Flex L 125° R (Spring)</u> <u>R 125° R (Spring)</u>	Advice & Corrective Exercises: <u>Glute shells for Glute Med</u> <u>Median/ULtra reverse glides.</u> <u>Quad Stretch</u> <u>Calf raises</u>

Next Treatment/Management Plan: 2 weeks
- Shldr ext rotn & adduct.