

Tarregower Remedial Massage

CLIENT RECORD: Follow-up Consultation

Last Name: WATTERS First Name: CAROL

Date 12/1/23

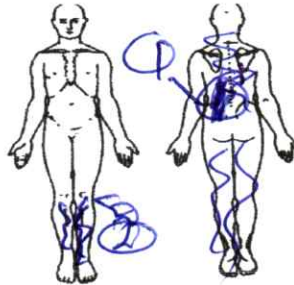
Area Being Treated _____

Current Presentation LOOTRADIOPS:

Has your Clinical Impression changed? Y N

If yes _____

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



QLQ

Shins

Client consent for treatment

Please sign

Date

OBJECTIVE EXAMINATION:

Observation:	Motion tests (Active, Passive, Resisted, Special Tests):
Palpatory Assessment: <u>① Glutealis Hypertonic</u>	
Treatment: <u>MFTT tho Costals, QL, longiss, U/T, Lev Scap, lat dorsi, Glute Med, Glute Max, H/S, calves, Tib ant, DIP MT/P Glute Med, Piriformis</u>	Advice & Corrective Exercises: <u>Piriformis Stretch</u> <u>Hip Flexor Stretch</u> <u>+ rotate foot outwards to stretch Adductors</u>
Reassessment & Postural Improvements:	

Next Treatment/Management Plan: Book when needed