

Tarregower Remedial Massage

CLIENT RECORD: Follow-up Consultation

Last Name: PEACE First Name: CATHERINE

Date 13/12/22

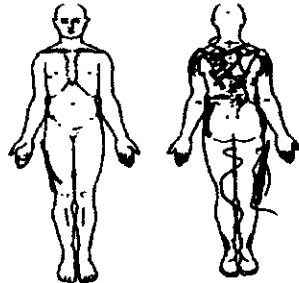
Area Being Treated CX/TX

Current Presentation LOOTRADIOPS:

Has your Clinical Impression changed? Y N

If yes _____

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



Lat Scap, U/T.

Glute Med.

Q ITB? Pop fossa.

Client consent for treatment

Please sign

C Peace

Date 13/12/22

OBJECTIVE EXAMINATION:

Observation: <u>Longissimus pronounced bilat</u>	Motion tests (Active, Passive, Resisted, Special Tests):
Palpatory Assessment: <u>Glute Medius Hypertonic</u> <u>Longissimus Hypertonic</u> <u>ITB OK. Piriformis Mild Hypertonic</u>	
Treatment: <u>MFT ESQ, Longissimus, Rhomb.</u> <u>U/T, Lev Scap, Lat Dorsi.</u> <u>TLE, Glute Med, H/S Crossfire</u> <u>DIP MTP Lev Scap, U/T, Glute med. PBS Piriformis</u>	Advice & Corrective Exercises: <u>CX</u> <u>Clamshells</u>
Reassessment & Postural Improvements:	

Next Treatment/Management Plan: Back when needed
Booked 3/1/23.