

Tarregower Remedial Massage

CLIENT RECORD: Follow-up Consultation

Last Name: McShannag First Name: Lynn

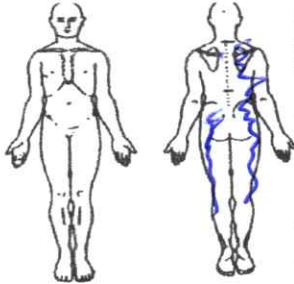
Date 27/8/22

Area Being Treated Hip, Shld

Current Presentation LOOTRADIOPS:

Has your Clinical Impression changed? Y N
If yes _____

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



R Shldr ↓ Gastro
BRP Glute
Sci

Client consent for treatment

Please sign _____

Date 27/8/22

OBJECTIVE EXAMINATION:

Observation:	Motion tests (Active, Passive, Resisted, Special Tests):
Palpatory Assessment :	
Treatment: <u>MFTT - FF, ESA, Low Scap, U/T, Supra</u> <u>Glute Med, Max, Rec fem</u> <u>DIP MTP lev Scap, U/T.</u> <u>Piriformis, Glute Med, Glute Max</u>	Joint mobilisation ex 2-5.
Reassessment & Postural Improvements: <u>HIP Flex L 125° - ext. Hip 10/11/12 end</u> <u>R 125° - R1 (Spring)</u>	Advice & Corrective Exercises: <u>Piriformis + QL</u>

Next Treatment/Management Plan: ① TFL/Glute Med tight - Hip Flex had
ext. hip rotn. ② ok.
3 weeks (booked)