

Tarregower Remedial Massage

CLIENT RECORD: Follow-up Consultation

Last Name: McShanag First Name: Lynn

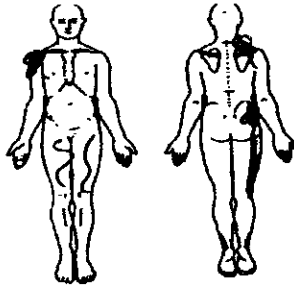
Date 4/2/23

Area Being Treated Cx, W, P, S
Glutes

Current Presentation LOOTRADIOPS:

Has your Clinical Impression
changed? Y
If yes _____

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



@ Shoulder & Neck

@ ITB?

@ Hip

Client consent for treatment

Please sign _____

Date 4/2/2023

OBJECTIVE EXAMINATION:

Observation:	Motion tests (Active, Passive, Resisted, Special Tests):
Palpatory Assessment: <u>Glute Max @ Hypertonic</u> <u>@ Lev Scap</u>	
Treatment: <u>MFTT ESQ, U/T, Lev Scap,</u> <u>Lat Dorsi, Rec Fem, Glute Max</u> <u>Cupping - Vas Lat, ITB, @ Glute Med</u> <u>Cx Joint Mob.</u>	
Reassessment & Postural Improvements:	Advice & Corrective Exercises: <u>Glute Stretches Bilat</u> <u>daily</u>

Next Treatment/Management Plan: 3 Weeks