

Tarregower Remedial Massage

CLIENT RECORD: Follow-up Consultation

Last Name: McSHANNA First Name: Lynn

Date 16/9/23

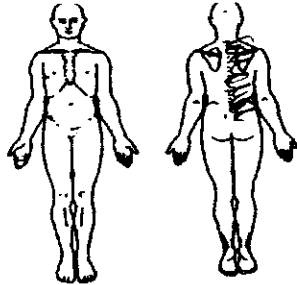
Area Being Treated HIPS/LB

Current Presentation LOOTRADIOPS:

Has your Clinical Impression changed? Y N

If yes _____

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



R Shoulder
R HIP

Client consent for treatment

Please sign [Signature]

Date

OBJECTIVE EXAMINATION:

Observation:	Motion tests (Active, Passive, Resisted, Special Tests):
Palpatory Assessment:	
Treatment: <u>MFR - Ilio costalis, longissimus</u> <u>semi spinalis, Qr, lev Scap, ULT.</u> <u>Glute Medius, glute Max, Lat Dors</u> <u>DIP Mi, P lev Scap, glute med,</u> <u>glute max</u> <u>& Joint Mobility</u>	Advice & Corrective Exercises:
Reassessment & Postural Improvements:	

Next Treatment/Management Plan: 6 weeks post-trip.