Tarrengower Remedial Massage

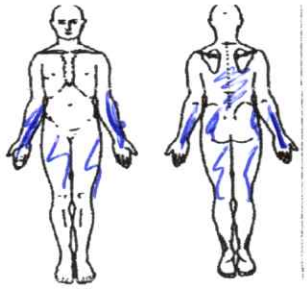
CLIENT RECORD: Follow-up Consultation

Last Name: SVENDSEN First Name: LEIGH Date 23/1/23

Area Being Treated ARMS / HANDS. Current Presentation LOOTRADIOPS:

Has your Clinical Impression changed? Y (N)
If yes

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



LB → Glutes → HS
Rec Fem
Fore-arms

Client consent for treatment

Please sign Date

OBJECTIVE EXAMINATION:

Observation:

Palpatory **Assessment:**
QL hypertonic

Treatment:
MFR iliocostalis, longissimus
QL, Glute Med, Glute Max
HS, Rec Fem
DiP MTrP - Glute Med, Glute Max

Reassessment & Postural **Improvements:** Pain ~~Mot~~ Median Nerve Glides.
HIP Flex 110° (R Spring)
Bilat

Motion tests (Active, Passive, Resisted, Special Tests):
Hip Flex L 110° R (Spring)
R 105° R (Spring)

Advice & Corrective Exercises:
Rec Fem Stretch
Upper Limb Stretch

Next Treatment/Management Plan: 2-3 Weeks.
* Brachial Plexus → Olecranon Process