

Tarregower Remedial Massage

CLIENT RECORD: Follow-up Consultation

Last Name: McLennan First Name: Neil

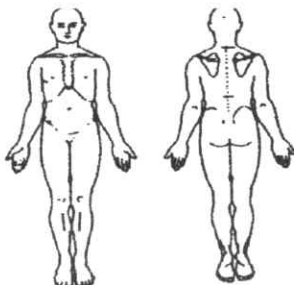
Date 20/8/22

Area Being Treated _____

Current Presentation LOOTRADIOPS:

Has your Clinical Impression
changed? Y N
If yes _____

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



ENGOP - Pain
relief

Client consent for treatment

Please sign [Signature]

Date 20-8-22

OBJECTIVE EXAMINATION:

Observation:	Motion tests (Active, Passive, Resisted, Special Tests):
Palpatory Assessment:	
Treatment: <u>MFIT - ilo Costalis QL</u> <u>Longissimus. White Head</u> <u>White Max, H/S Castrol</u> <u>DIP MRP - QL, Piriformis</u>	Advice & Corrective Exercises: <u>QL Stretch</u> <u>Piriformis Stretch</u> <u>5min walk. → this afternoon</u>
Reassessment & Postural Improvements:	

Next Treatment/Management Plan: Next week (booked)