

Tarregower Remedial Massage

CLIENT RECORD: Follow-up Consultation

Last Name: McLean First Name: Neil

Date: 30/10/22

Area Being Treated LX / Glutes

Current Presentation LOOTRADIOPS:

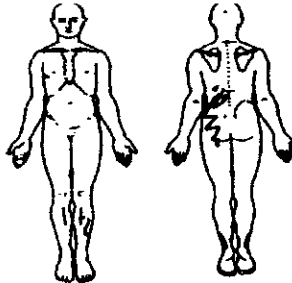
Has your Clinical Impression

changed? Y N

If yes _____

Response to previous treatment

(+ve, -ve, SQ): +ve



"Pain - in sciatic nerve"

Piriformis Syndrome.

sitting → Pain

Client consent for treatment

Please sign [Signature]

Date 30/10/22

OBJECTIVE EXAMINATION:

Observation: <u>Sit using electronic Massage</u> → when needed	Motion tests (Active, Passive, Resisted, Special Tests):
Palpatory Assessment:	
Treatment: <u>MFTT into costalis, QL,</u> <u>longissimus, Glute Med,</u> <u>Glute Max, H/S, Calves.</u> <u>D, P MT, P Glute Med, Piriformis</u> <u>Glute Max, Caudate</u>	
Reassessment & Postural Improvements:	Advice & Corrective Exercises: <u>Piriformis & QL Stretches</u> <u>(seated)</u>

Next Treatment/Management Plan: 4 weeks (booked)