

Tarregower Remedial Massage

CLIENT RECORD: Follow-up Consultation

Last Name: M'Lean First Name: Neil

Date 26/11/22

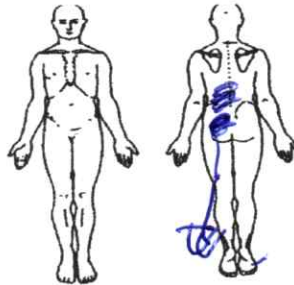
Area Being Treated Lx/Rx/Hips
Post Chain

Current Presentation LOOTRADIOPS:

Has your Clinical Impression changed? Y(N)

If yes _____

Response to previous treatment (+ve, -ve/ISQ): +100



QL? ilio costalis
↓ leg → lateral
calf Fibula.
glutes
① worse
Piriformis.
② QL, ilio, lat D,

Client consent for treatment

Please sign [Signature]

Date 26/11/22

OBJECTIVE EXAMINATION:

Observation:	Motion tests (Active, Passive, Resisted, Special Tests):
Palpatory Assessment: <u>② calf</u> <u>easier to work</u>	
Treatment: <u>MFT LAT DORSI QL ilio</u> <u>costalis, Glute Med, Glute Max</u> <u>DIP MCRP Glute Med, Piriformis</u> <u>pps Piriformis</u>	Advice & Corrective Exercises: <u>Piriformis/QL stretch</u> <u>Calf Raise / Heel Drop</u>
Reassessment & Postural Improvements:	

Next Treatment/Management Plan: _____

