

Tarregower Remedial Massage

CLIENT RECORD: Follow-up Consultation

Last Name: McLENN First Name: NELL

Date 27/2/23

Area Being Treated LB/HIPS

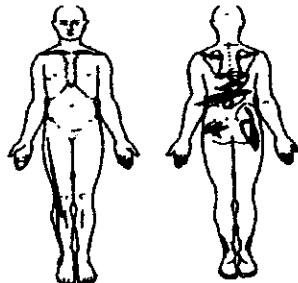
Current Presentation LOOTRADIOPS:

Has your Clinical Impression changed? (N)

If yes _____

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

Short relief.



① Glute / Piriformis

R Vas Lat &

T.B ANT?

Peroneus?

Client consent for treatment

Please sign [Signature]

Date 27-2-23

OBJECTIVE EXAMINATION:

Observation:	Motion tests (Active, Passive, Resisted, Special Tests):
Palpatory Assessment:	
Treatment: MATT - tho costalis, longissimus Serrus Spinalis, yfr, Lev Scap Glute Med, Glute Max H/B, Gasheo. Stripping @ ITB Tract,	Advice & Corrective Exercises: Heel raises Piri Stretch.
Reassessment & Postural Improvements: Cupping - ITB @ R.	

Next Treatment/Management Plan: 3 weeks (booked)