

Tarregower Remedial Massage

CLIENT RECORD: Follow-up Consultation

Last Name: HERCOTT First Name: KEN

Date 24/10/22

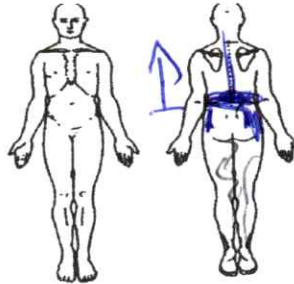
Area Being Treated LX/TX

Current Presentation LOOTRADIOPS:

Has your Clinical Impression changed? Y ☒ N

If yes _____

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



Not Waking with
some back anymore

Glutes OK

Client consent for treatment

Please sign

Date 24/10/22

OBJECTIVE EXAMINATION:

Observation:	Motion tests (Active, Passive, Resisted, Special Tests):
Palpatory Assessment :	
Treatment: <u>MPTT TLF, 1110 Costalis, QL</u> <u>Serratus, Glute Med</u> <u>H/S, calves.</u> <u>DIP MTP Glute Med.</u>	Advice & Corrective Exercises: <u>Piriformis &</u> <u>QL Stretch added to</u> <u>Leg to Chest</u> <u>Leg Cross over</u>
Reassessment & Postural Improvements:	

Next Treatment/Management Plan: 2 weeks (retest)