

Tarregower Remedial Massage

CLIENT RECORD: Follow-up Consultation

Last Name: HUDSON First Name: Sam

Date 3/12/22

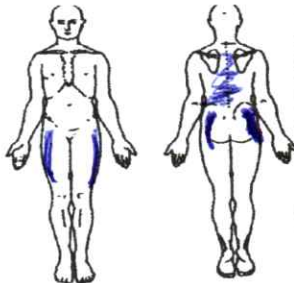
Area Being Treated Hip/Leg/Glute Current Presentation LOOTRADIOPS:

Has your Clinical Impression changed? Y N

If yes _____

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

Good after a day.



ITB Ⓡ
Glute Med.
Glute Max
Piriformis
TFL

Client consent for treatment

Please sign Shadon

Date 3.12.22

OBJECTIVE EXAMINATION:

Observation:	Motion tests (Active, Passive, Resisted, Special Tests): <u>Obers test Ⓡ +ve</u>
Palpatory Assessment: <u>Ⓡ ITB Hypertonic x1</u>	
Treatment: <u>Cupping ITB</u> <u>MFTT Vaso lat, Glute Max, TFL, ES, Glute Med</u> <u>DIP MTP Glute Max, Glute med, Piriformis</u>	Advice & Corrective Exercises: <u>Clare (EP) sent update & will prescribe exercises</u>
Reassessment & Postural Improvements:	

Next Treatment/Management Plan: 2 weeks (booked)