Tarrengower Remedial Massage

CLIENT RECORD: Follow-up Consultation

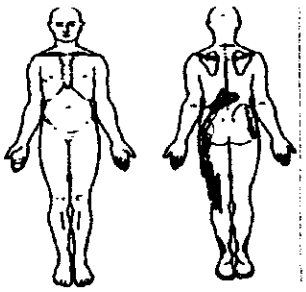
Last Name: HUDSON First Name: SAM Date 11/2/23

Area Being Treated LB/HIPS/Glutes

Current Presentation LOOTRADIOPS:

Has your Clinical Impression changed? Y (N)
If yes

Response to previous treatment (+'ve, -'ve ISQ): five.



LBP

Client consent for treatment

Please sign [signature] Date

OBJECTIVE EXAMINATION:

Observation:
Gait

Motion tests (Active, Passive, Resisted, Special Tests):

Palpatory **Assessment:**
(L) HTR & VAS LAT Hypertonic

Treatment:
MFTT: ilio costalis, QL, Glute Med, Glute Max, (L) VAS LAT, (L) Bicep fem (along IT band tract)
DIP MT, P Glute Med

Advice & Corrective Exercises:
Exercises as prescribed by Clare B @ Castlemaine Physio

Reassessment & Postural **Improvements:**
(L) Leg - ~~free~~ moving more freely post treat

Next Treatment/Management Plan: 2 weeks (booked)