

Tarregower Remedial Massage

CLIENT RECORD: Follow-up Consultation

Last Name: HUNSON First Name: SAM

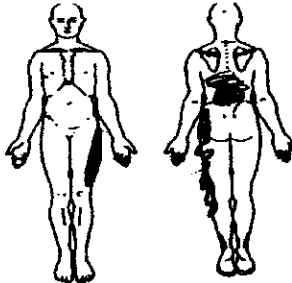
Date 2/3/23

Area Being Treated LB, Glute Med, leg Current Presentation LOOTRADIOPS:

Has your Clinical Impression changed? Y ☒ N

If yes _____

Response to previous treatment (+ve, -ve, SQ): +ve



① Glute Med / Glute Max

② TFL

③ ITB

LB.

Client consent for treatment

Please sign H. Hunson

Date

OBJECTIVE EXAMINATION:

Observation:	Motion tests (Active, Passive, Resisted, Special Tests):
Palpatory Assessment:	
Treatment: <u>MFR TFL, QL, Glute Med, Glute Max</u> <u>Side lying ② ITB Tract, Vasc lat, Biceps fem</u>	Advice & Corrective Exercises: <u>AS directed by EP</u>
Reassessment & Postural Improvements:	

Next Treatment/Management Plan: 4 Weeks (booked)