

Tarregower Remedial Massage

CLIENT RECORD: Follow-up Consultation

Last Name: Shepherd First Name: Alem

Date 7/9/23

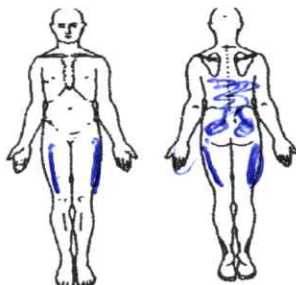
Area Being Treated LBP/ITB.

Current Presentation LOOTRADIOPS:

Has your Clinical Impression changed? Y N

If yes _____

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



Sore side of legs
ITB
& lower back

Client consent for treatment

Please sign _____

Date _____

OBJECTIVE EXAMINATION:

Observation: <u>Swelling still evident on @ shoulder (infraprotuberant)</u>	Motion tests (Active, Passive, Resisted, Special Tests): <u>SLR L 70° S @ H/S</u> <u>R 70° S @ H/S.</u> <u>HIP Flex L 115° R (Spring)</u> <u>R 115° R (Spring)</u> <u>OBERS L - ve</u> <u>R - ve</u>
Palpatory Assessment: <u>Glute Max Hypertonic</u> <u>ITB 'Ropey' & tender</u> <u>Piriformis Hypertonic</u>	Advice & Corrective Exercises: <u>→ See RP re swelling on @ Shoulder</u> <u>• Supine glute stretch</u> <u>• Crab walk with resistance band</u> <u>• Piriformis stretch</u>
Treatment: <u>MFR ilio costalis, QL, Glute med, glute max, TFL</u> <u>PdS Piriformis</u> <u>ITB Cupping</u>	
Reassessment & Postural Improvements: <u>SLR L 80° S. @ H/S</u> <u>R 80° S. @ H/S</u>	

Next Treatment/Management Plan: As needed