

Tarrengower Remedial Massage

CLIENT RECORD: Follow-up Consultation

Last Name: Heathcote First Name: Fiona

Date 18/10/23

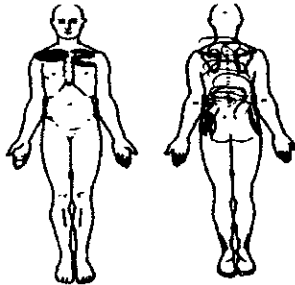
Area Being Treated LB/Tx/Cx

Current Presentation LOOTRADIOPS:

Has your Clinical Impression changed? Y ☒ N

If yes _____

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



General Stretching
- Post Travel

Client consent for treatment

Please sign

[Signature]

Date

18/10/23

OBJECTIVE EXAMINATION:

Observation:	Motion tests (Active, Passive, Resisted, Special Tests): <u>Shldr abd L 170° S @ Lev Scap</u> <u>R 160° S @ U/T</u>
Palpatory Assessment: <u>① Glute Med/Min Hypertonic</u> <u>② Testes Minor "</u>	
Treatment: <u>MFTT - iliocostalis, longissimus</u> <u>Serratus spinalis, QL, lat dorsi</u> <u>Lev Scap, U/T Intra Glute Med</u> <u>DAP MTP Testes minor</u>	Advice & Corrective Exercises: <u>Glute Med/Min stretch</u> <u>Piriformis stretch</u> <u>YTW.</u>
Reassessment & Postural Improvements: <u>Shldr abd 170° PB</u> <u>R 180° S @ U/T</u>	

Next Treatment/Management Plan:

2 weeks (booked)