Tarrengower Remedial Massage

CLIENT RECORD: Follow-up Consultation

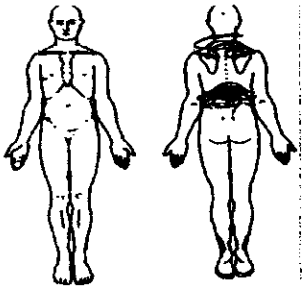
Last Name: Heathcote First Name: Fiona Date 31/10/

Area Being Treated Cx/Hip

Current Presentation LOOTRADIOPS:

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

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



LBP
Piriformis, GMed.
Cx

Client consent for treatment

Please sign

Date 31/10/23

OBJECTIVE EXAMINATION:

Observation:

Palpatory **Assessment:**

Treatment:
MRT - Ilio costalis, QL, GMed, G. Max, longissimus, semispinalis UT, Lev Scap, Splen Cap, Splen cerv DIP MTrP Lev Scap Pt's Piriformis

Motion tests (Active, Passive, Resisted, Special Tests):
Cx Rotn L 70° PB
R 60° P, @ U/T.
Scap offload true Bilat
Cx lat flex L 40° S, @ U/T
R 30° S, @ U/T
SLR L 80° S, @ Distal H/S
R 90° S, @ Distal H/S
Hip Flex L 120° R, (Spring)
R 120° R, (Spring)

Advice & Corrective Exercises:
Piriformis
Cx Stretch
Cx lat Stretch
YTW

Reassessment & Postural **Improvements:**
Cx Rotn L ~~80~~ 70° PB
R 80° PB
Cx lat flex L 40
R 40

Next Treatment/Management Plan: 3 weeks (booked)