

Tarregower Remedial Massage

CLIENT RECORD: Follow-up Consultation

Last Name: BOMMAGE First Name: JUDI

Date 9/9/22

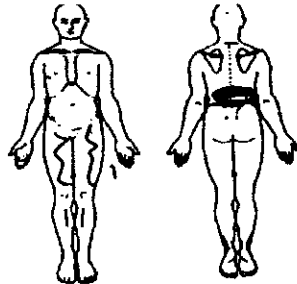
Area Being Treated _____

Current Presentation LOOTRADIOPS:

Has your Clinical Impression changed? Y (N)

If yes _____

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



Lots of long driving
① Hip flexor

Client consent for treatment

Please sign JCBomage

Date 9/9/2022

OBJECTIVE EXAMINATION:

Observation:	Motion tests (Active, Passive, Resisted, Special Tests): <u>Hip Flex L 85° R (Spring)</u> <u>R 95° R (Spring)</u>
Palpatory Assessment:	
Treatment: <u>MFTT: TLF, QL, Longissimus</u> <u>HIS, Gastroc, Rec fem</u> <u>Glute med, max</u> <u>DIP MIP Glute Max, psoas</u> <u>P8s Piriformis, Rec fem.</u>	Advice & Corrective Exercises: <u>Rec fem Stretch</u> <u>Piriformis Seated stretch</u> <u>Calf Raises / Heel drops</u>
Reassessment & Postural Improvements: <u>Hip Flex L 115° R (Spring)</u> <u>R 120° R (Spring)</u>	

Next Treatment/Management Plan: 2 weeks (booked)