

Tarregower Remedial Massage

CLIENT RECORD: Follow-up Consultation

Last Name: Bromage First Name: Judi

Date 19/10/22

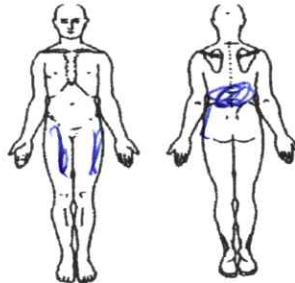
Area Being Treated HIP

Current Presentation LOOTRADIOPS:

Has your Clinical Impression changed? Y N

If yes _____

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



Interrupted Sleep

LBP

Client consent for treatment

Please sign JCBromage

Date 19/10/22

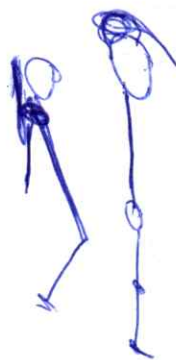
OBJECTIVE EXAMINATION:

Observation:	Motion tests (Active, Passive, Resisted, Special Tests): <u>PKB @ 6+ Fingers</u> <u>R 4 Fingers</u>
Palpatory Assessment:	
Treatment: <u>MFTT Ilio costalis, Glute Med</u> <u>Glute Max, Q, Longissimus,</u> <u>Rec Fem, Vasc lat.</u>	Advice & Corrective Exercises: <u>Seeing EP at @ Castlemeane</u> <u>Physio (Clare)</u> <u>- Received Permission</u> <u>from Judi to talk to</u> <u>Clare</u>
Reassessment & Postural Improvements: <u>HIP Flex L 125° R (spring)</u> <u>R 125° R (spring)</u>	

Next Treatment/Management Plan:

2 weeks

exercises from EP.



1 - No band

2 - Band

3 - Single leg

CP

2nd