

Tarregower Remedial Massage

CLIENT RECORD: Follow-up Consultation

Last Name: HULL First Name: JAN

Date: 20/10/23

Area Being Treated: ① HIP, LB

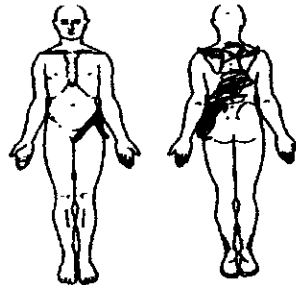
Current Presentation LOOTRADIOPS:

Has your Clinical Impression

changed? Y N

If yes _____

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



① HIP
② adductor
Glute med/min

Client consent for treatment

Please sign

J. Hull

Date

OBJECTIVE EXAMINATION:

Observation:	Motion tests (Active, Passive, Resisted, Special Tests): HIP FLEX L R 125° R (Spring)
Palpatory Assessment: ① Piriformis Hypertonic ② Glute Med	HIP ABD L 85° 50° S @ Pior R 75° PB SLR L 85° S @ Distal HCS R 70° PB
Treatment: MFTT: iliocostalis, QL, longissimus Serratus spinae, UL, low Scap Rec fem, TFL, VAS lat, VAS med P&S Rec fem, Piriformis DIP HIP - GMed	Advice & Corrective Exercises: Adductor stretch - Daily 2x2 Hold 20 sec
Reassessment & Postural Improvements: HIP ABD L 75° S @ Pior R 75° PB	

Next Treatment/Management Plan: as needed needed