

Tarregower Remedial Massage

CLIENT RECORD: Follow-up Consultation

Last Name: GUDGEON First Name: BRUNWYN

Date 10/11/22

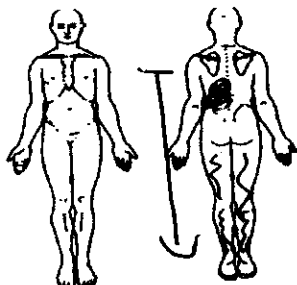
Area Being Treated TL legs

Current Presentation LOOTRADIOPS:

Has your Clinical Impression changed? Y ☒ N

If yes _____

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



QL?

Longissimus

Glute Med

Piriformis

Glute Max

Client consent for treatment

Please sign

[Signature]

Date 10/21/22

OBJECTIVE EXAMINATION:

Observation:	Motion tests (Active, Passive, Resisted, Special Tests): <u>Lat Rahn TS</u>
Palpatory Assessment: <u>Glute Med, Glute Max & Piriformis Hypertonic ++</u>	
Treatment: <u>MFTT - iliocostalis, QL, Longissimus, Glute Med, Glute Max, Petrissage Gastroc D.P MFP Glute Med, Glute Max, Piriformis</u>	Advice & Corrective Exercises: <u>Piriformis stretch</u> <u>Supine H/S, Glute Stretch</u>
Reassessment & Postural Improvements: <u>① Piriformis tighter than ②.</u>	

Next Treatment/Management Plan: 2 weeks (booked)
Discussed MLD for fluid behind knee