

Tarregower Remedial Massage

CLIENT RECORD: Follow-up Consultation

Last Name: Gudewon First Name: Bronwyn

Date 4/10/23

Area Being Treated LB/ITB @

Current Presentation LOOTRADIOPS:

Has your Clinical Impression

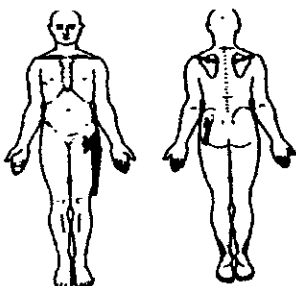
changed? Y ☒ N

If yes _____

Response to previous treatment

(+ve, -ve, SQ): I've

Pain settled down



① ITB
→ Glute Max
→ TFL

Client consent for treatment

Please sign _____

Date _____

OBJECTIVE EXAMINATION:

Observation:	Motion tests (Active, Passive, Resisted, Special Tests):
Palpatory Assessment:	
Treatment: <u>Cupping IT Band</u> <u>MFTT var lat, Biceps fem, TFL</u> <u>G Max, G Med</u> <u>DI P MT, P G Max, TFL, PLS Piriformis</u>	Advice & Corrective Exercises: <u>ITB stretch w towel</u> <u>Glute stretch</u> <u>Seated Piriformis stretch</u>
Reassessment & Postural Improvements:	

Next Treatment/Management Plan: _____

4 Weeks (Booked)