

# Tarregower Remedial Massage

## CLIENT RECORD: Follow-up Consultation

Last Name: LARKMAN First Name: LOIS

Date 12/9/22

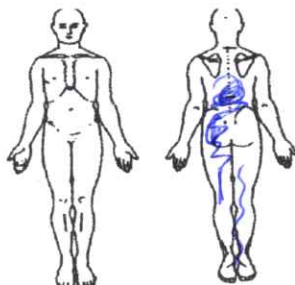
Area Being Treated Lx

Current Presentation LOOTRADIOPS:

Has your Clinical Impression changed? YN

If yes \_\_\_\_\_

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



@ 1 to costalis  
@ Quad Lumborum  
Woke at night

### Client consent for treatment

Please sign

[Signature]

Date 12/9/22

### OBJECTIVE EXAMINATION:

Observation:  <u>OIL!</u>	Motion tests (Active, Passive, Resisted, Special Tests):  <u>SLR &lt; 90° S, @ H/S.</u>
Palpatory Assessment:	
Treatment: <u>MFTT ESq, QL Glute Med.</u> <u>DIP MTRP Glute Med, QL</u> <u>MFTT H/S, GASROC, Plantar</u> <u>Fascia.</u>	Advice & Corrective Exercises:  <u>QL Stretch.</u>
Reassessment & Postural Improvements:	

Next Treatment/Management Plan: As needed