Tarrengower Remedial Massage

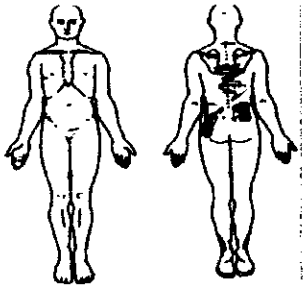
CLIENT RECORD: Follow-up Consultation

Last Name: McCOMB First Name: Anne-Maree Date 8/12/22

Area Being Treated T/L Glutes Current Presentation LOOTRADIOPS:

Has your Clinical Impression changed? Y (N)
If yes

Response to previous treatment (+'ve, -'ve ISQ): t 've



& LBP
- Indicated
Glute Med ⊙.

Client consent for treatment

Please sign Date

OBJECTIVE EXAMINATION:

Observation:	Motion tests (Active, Passive, Resisted, Special Tests):
Palpatory **Assessment:** Glute Med Hypertonic tt	
Treatment: HFTT LSG, U/T, LEV Scap Glute Med, Glute Max DIP MT, P Glute Med, Glute Max P&S ~~Glutes~~ Piriformis	Advice & Corrective Exercises: Cx Stretch Piriformis Stretch (seated)
Reassessment & Postural **Improvements:** DIP MT, P U/T, Lev Scap, Rhomb.	

Next Treatment/Management Plan: as needed