Tarrengower Remedial Massage

CLIENT RECORD: Follow-up Consultation

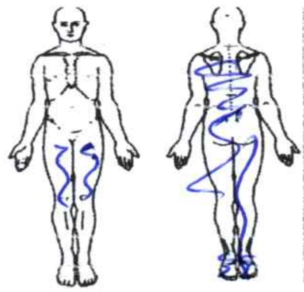
Last Name: Mc Dougall First Name: Brendan Date 7/7/23

Area Being Treated __________

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

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

Current Presentation LOOTRADIOPS:



Covid, Flu
→ Slow recovery
→ Stiff & sore
→ Back & legs.

Client consent for treatment

Please sign [signature]

Date 7/7/23

OBJECTIVE EXAMINATION:

Observation:

Palpatory **Assessment:**
Rec Fem, Vas Lat, Vas Med
Hypertonic ↑↑
(R) Biceps Fem Hypertonic

Treatment:
MFR iliocostalis, QL, longiss,
Semi Spinalis, Glute Med, G. Max
H/S Calves.
DIP MIT, P Rhomb, glute Med G. Max
P&S Piriformis, Rec Fem / Tib Post

Reassessment & Postural **Improvements:**
Hip Flex L 105° R1 (Spring)
R 105° R1 (Spring)

Motion tests (Active, Passive, Resisted, Special Tests):
Hip Flex L 90° R1 (Spring)
R 90° R1 (Spring)

Advice & Corrective Exercises:
Hip Flexor Stretch 2×2
Hamstring stretch 2×2

Next Treatment/Management Plan: as needed - recommend 2-3 weeks