## **Tarrengower Remedial Massage**

## **CLIENT RECORD:** Follow-up Consultation

Last Name: MC DOUGISLL First	irst Name: <u>Brandan</u>		Date 25, 9, 23
Area Being Treated HPG Luts	Curre	ent Presentatior	LOOTRADIOPS:
Has your Clinical Impression changed? Y(V)  If yes			Fractured Cricoid playing footy,
Response to previous treatment (+'ve, -'veISQ): イン・	43		Started running again 5. en
Client consent for treatment	اهياليها		
Please sign		Date	
OBJECTIVE EXAMINATION:			
Observation:	Motion tests (Active,		e, Passive, Resisted, Special Tests):
		HIP Fle	~ L 90° PB R 90° PB
Palpatory Assessment:			
		THOMAS F	EST L7've Rrive
Treatment: MFTT Wocostalin, GMax	-, G Hed		
Vos Med  PRO POS Per Poymes  Reassessment & Postural Improvements	Lak.	Advice & Corrective TAL Short	ve Exercises:
100 100 100	rechen	alute DI	ages.
Reassessment & Postural Improvements	s:	Reeten S	meth
HIP Flex 1000 PB			
Next Treatment/Management Plan: <u>Recommended 2-3 weeks</u>			