Tarrengower Remedial Massage

CLIENT RECORD: Follow-up Consultation

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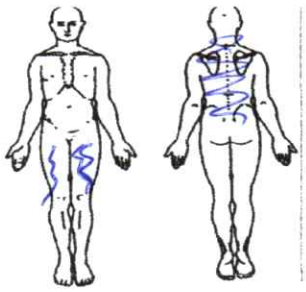
Last Name: Mc KNIGHT First Name: BRIANNA Date 17/1/23

Area Being Treated BACK HIPS

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

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

Current Presentation LOOTRADIOPS:



LBP from driving
- Shoulders - tensions

Client consent for treatment

Please sign

Date

OBJECTIVE EXAMINATION:

Observation:
Postsi & Plantar flexion both restricted

Palpatory **Assessment:**
MTrP @ U/T & Lev Scap - V Persistent

Treatment:
MFTT ESq, Lev Scap U/T, GL Glute Med, Glute Max, ~~Piriformis~~ H/S calves, Plantar Fascia, Rib Ant Dip MTrP Lev Scap, U/T, Glute Med Piriformis

Reassessment & Postural **Improvements:**
Hip Flex 140° R, (Spring)
110° R, (Spring)
Plantar Flex 35° PB.

Motion tests (Active, Passive, Resisted, Special Tests):
Hip Flex 100° R, (Spring)
100° R (Spring)
Plantar Flex 30° PB (50).

Advice & Corrective Exercises:
Rectus Stretch
Calf Raises & heel drops

Next Treatment/Management Plan: Book When needed