

Tarregower Remedial Massage

CLIENT RECORD: Follow-up Consultation

Last Name: WITHERS First Name: LAUREYNE

Date: 26/11/22

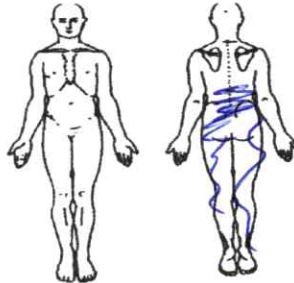
Area Being Treated TR/LX/HIP
POST CHAIN

Current Presentation LOOTRADIOPS:

Has your Clinical Impression changed? Y N

If yes _____

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



Client consent for treatment

Please sign

Laureyne Withers

Date

26/11/22

OBJECTIVE EXAMINATION:

Observation:	Motion tests (Active, Passive, Resisted, Special Tests): <u>Trendelenberg L -ve</u> <u>R +ve</u>
Palpatory Assessment: <u>Glute Med</u> <u>Cashroc @ Hyperbolic</u>	SLR L 70° R (Spring) R 90° 75° @ calf
Treatment: <u>MFT</u> <u>DIP</u> <u>PSS</u>	Advice & Corrective Exercises: <u>Calf Raises & Heel drops</u> <u>Piriformis Stretch</u> <u>Supine H/S & Glute Stretch</u>
Reassessment & Postural Improvements: <u>SLR L 80° R (Spring)</u> <u>R 70° 90° @ Calf</u>	

Next Treatment/Management Plan:

3 weeks (booked)