

# Tarregower Remedial Massage

## CLIENT RECORD: Follow-up Consultation

Last Name: WITHERS First Name: LAURENNE

Date 18/3/23

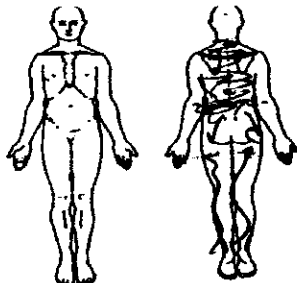
Area Being Treated Post Chain

Current Presentation LOOTRADIOPS:

Has your Clinical Impression changed? Y N

If yes \_\_\_\_\_

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



LBP  
\_\_\_\_\_  
HIPS  
\_\_\_\_\_  
H/S  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Client consent for treatment

Please sign

Laurenne Withers

Date

18/3/23

### OBJECTIVE EXAMINATION:

Observation:	Motion tests (Active, Passive, Resisted, Special Tests):
Palpatory Assessment: ① Glute Med Hypertonic ② Adductor longus Hypertonic	
Treatment: MFR: QL, iliocostalis, longis. Semi Spinalis Glute Med, Glute max, H/S, Calves DIP m/r/p Glute Med, Glute	Advice & Corrective Exercises: <u>added seated (Floor)</u> <u>Adductor stretch.</u>
Reassessment & Postural Improvements: <u>Max</u>	

Next Treatment/Management Plan:

4 Weeks Check