

# Tarregower Remedial Massage

## CLIENT RECORD: Follow-up Consultation

Last Name: WITHERS First Name: LAUREYNE

Date 12/8/23

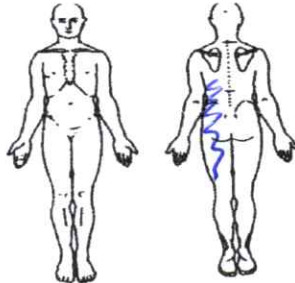
Area Being Treated ALD, H/B

Current Presentation LOOTRADIOPS:

Has your Clinical Impression  
changed? Y N  
If yes \_\_\_\_\_

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

good initial response.



QL ①

Glute Med

Piriformis

Glute Max

Client consent for treatment

Please sign

Laureyne Withers

Date

12/8/23

### OBJECTIVE EXAMINATION:

Observation: <u>Reaction to Rock tape.</u> <u>→ Skin red / itchy, so</u> <u>removed</u>	Motion tests (Active, Passive, Resisted, Special Tests): <u>Lx Flex knee S.@ QL</u> <u>Lx lat Flex L Knee R.@ Glute Med</u> <u>R Knee S.@ Ext Ob.</u>
Palpatory Assessment:	
Treatment: <u>MFTT Iliocostalis, QL, Glute</u> <u>Med Glute Max</u> <u>P.S. Piriformis</u> <u>DIP MTP Glute Med</u>	Advice & Corrective Exercises: <u>Glute Stretches 2 Sets 2reps</u> <u>Piriformis Stretch " "</u> <u>QL Stretch " "</u> <u>Rec Leg Stretch " "</u>
Reassessment & Postural Improvements: <u>Lx Flex 1 only knee S.@</u> <u>Distal H/S.</u>	

Next Treatment/Management Plan:

5 weeks (postural)