Tarrengower Remedial Massage

CLIENT RECORD: Follow-up Consultation

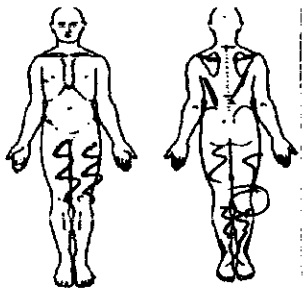
Last Name: GLEESON First Name: FRAN Date 7/10/22

Area Being Treated HAMS, LEGS.

Current Presentation LOOTRADIOPS:

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

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



® Pop fossa radiating ↓ Lat Dors, Deltoids B/L Biceps long head Re Tem

Client consent for treatment

Please sign [signature] Date 7/10

OBJECTIVE EXAMINATION:

Observation:

Motion tests (Active, Passive, Resisted, Special Tests):
Hawkins Kennedy -ve
Empty can -ve
HIP Flex

Palpatory **Assessment:**
Hypertonic ® VAS LAT.
→ Cupping → PAINFF

Treatment:
MFTT LAT DORSI, TERES MIN, SUPRASPINATUS, Deltoids, GASTROC, SOLEUS, H/S, VASTUS LAT
DIP MT,P - Supra, VAS LAT.
CUPPING VAS LAT - B. LAT.

Advice & Corrective Exercises:
QUAD Stretch
Piri Stretch

Reassessment & Postural **Improvements:**

Next Treatment/Management Plan: From to check Painful spot on ® VAS LAT (MID)
2-weeks (Booked) - Pec Maj/Min