

Tarregower Remedial Massage

CLIENT RECORD: Follow-up Consultation

Last Name: GLEESON First Name: Fran

Date 5/1/23

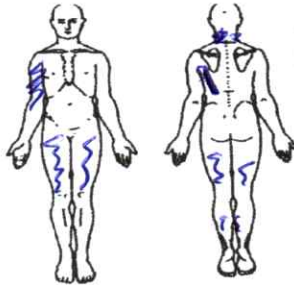
Area Being Treated _____

Current Presentation LOOTRADIOPS:

Has your Clinical Impression changed? Y^N

If yes _____

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



R biceps
L lat dors
Quads
H/S
Calves

Client consent for treatment

Please sign

[Signature]

Date 5/1/23

OBJECTIVE EXAMINATION:

Observation:	Motion tests (Active, Passive, Resisted, Special Tests): <u>Hip Flex L 110° R. (Spring)</u> <u>R 115° R. (Spring)</u>
Palpatory Assessment: <u>Hip ADDUCTORS Hyperbolic</u>	
Treatment: <u>NFTT ESs, low Scap, U/T</u> <u>LAT DORSI Biceps long & short</u> <u>H/S, Calves, VAS LAT, Rectus</u> <u>D.P. MTP low scap</u> <u>ex Joint Mob.</u>	Advice & Corrective Exercises: <u>quad stretches</u>
Reassessment & Postural Improvements: <u>Hip Flex L 125° R. (Spring)</u> <u>R 125° R. (Spring)</u>	

Next Treatment/Management Plan:

4 weeks (booked)