

Tarregower Remedial Massage

CLIENT RECORD: Follow-up Consultation

Last Name: PEACE First Name: CATHERINE

Date 6/3/23

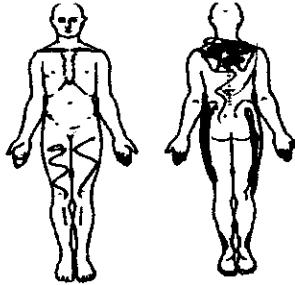
Area Being Treated _____

Current Presentation LOOTRADIOPS:

Has your Clinical Impression changed? Y ☒ N

If yes _____

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



ITB @
shoulders

Client consent for treatment

Please sign C. Peace

Date _____

OBJECTIVE EXAMINATION:

Observation:	Motion tests (Active, Passive, Resisted, Special Tests):
Palpatory Assessment:	
Treatment: <u>MFT ESG, U/T, Lev Scap</u> <u>Glute Med, glute max, b/l</u> <u>calves, pec fem</u> <u>DIP m/r P- Lev Scap, glute Med, glute max</u> <u>cupping ITB (Distal)</u>	Advice & Corrective Exercises: <u>Clam shells</u>
Reassessment & Postural Improvements:	

Next Treatment/Management Plan: _____

