

Tarregower Remedial Massage

CLIENT RECORD: Follow-up Consultation

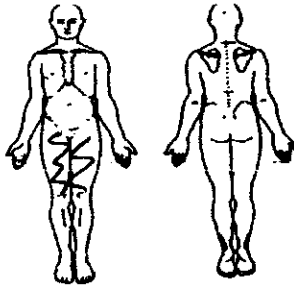
Last Name: PEACE First Name: CATHERINE

Date 23/3/23

Area Being Treated SHD/HIPS/ Current Presentation LOOTRADIOPS:

Has your Clinical Impression changed? Y^N
If yes _____

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



Shoulder (Intra)
Glute Med/Max
ITB
Rec Lem

Client consent for treatment

Please sign

C Peace

Date 23/3/23

OBJECTIVE EXAMINATION:

Observation:	Motion tests (Active, Passive, Resisted, Special Tests): <u>PKB L 4 Fingers R (Spring)</u> <u>R 8+ Fingers R (Spring)</u>
Palpatory Assessment:	
Treatment: <u>MFTT TLF, Glute Med, Glute Max</u> <u>HTS Calves, Plantar Fascia, Rec Lem.</u> <u>DIP HIP Piriformis, Glute Med</u> <u>Cupping ITB</u>	Advice & Corrective Exercises: <u>QUAD Stretch</u> <u>Glute Stretch (Supine)</u> <u>HOLD FOR 20 sec @ point of stretch</u> <u>3 sets 2 reps</u>
Reassessment & Postural Improvements: <u>PKB R 6 Fingers</u>	

Next Treatment/Management Plan: 4 Weeks (last)