Tarrengower Remedial Massage

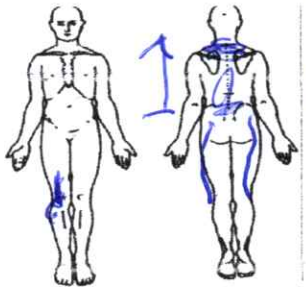
CLIENT RECORD: Follow-up Consultation

Last Name: PEACE First Name: CATHERINE Date 23/5/23

Area Being Treated Back/Cx/Legs Current Presentation LOOTRADIOPS:

Has your Clinical Impression changed? Y/N
If yes NO.

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



① Shoulders
② Tx
Cx
Hips
Glutes.

Client consent for treatment

Please sign C Peace Date 23/5/23

OBJECTIVE EXAMINATION:

Observation:

Palpatory **Assessment:**

Treatment:
① MFTT: Iliocostalis, Longissimus, Semi spinalis, Lat Dorsi, Lev Scap, UT
② MFTT: TLF, Glute Med, Gluteus Max TFL, Vas Lat, Rec Fem
D.P: MTP Vas Lat
① Cx Joint mob

Reassessment & Postural **Improvements:**
① Cx Rotn L 85° P.@ UT
R 70° S@ UT
② Hip Flex L 120° R. (Spring)
R 120 R. (Spring)
PKB R 4 Fingers

Motion tests (Active, Passive, Resisted, Special Tests):
① Cx Rotn L 75° P.@ UT
R 60° S@ UT
② Hip Flex L 110° R. (Spring)
R 100° R. (Spring)
② PKB L 4 fingers R. (Spring)
R 6+ fingers R. (Spring)

Advice & Corrective Exercises:
Cx Stretch
Hip Flexor Stretch

Next Treatment/Management Plan: 3 weeks (booked)