Tarrengower Remedial Massage

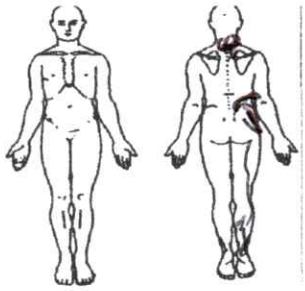
CLIENT RECORD: Follow-up Consultation

Last Name: Mc Shanag First Name: Lynn Date 17/9/22

Area Being Treated Cx/Hip/Glute Current Presentation LOOTRADIOPS:

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

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



® Hip/Glute.
Pain in ® calf.
Piriformis?
QL. SIJ?
Cx.

Client consent for treatment

Please sign _____ Date 17/9/22.

OBJECTIVE EXAMINATION:

Observation:	Motion tests (Active, Passive, Resisted, Special Tests):
Palpatory **Assessment:** ® Cx Muscles hypertonic (Splenius cervicis, UT)	
Treatment: MFIT - TLF, Glute Med, Glute Max, Lev scap, Rhomb, UT, QL, SIJ surrounds DP- MTrP UT, Glute Med, Glute Max, Piriformis, QL (follow sciatic pathway)	Advice & Corrective Exercises: Piriformis & QL Stretch.
~~Reassessment & Postural~~ **Improvements:** Joint Mobilisation C2-5	

Next Treatment/Management Plan: 4 weeks (booked)