Tarrengower Remedial Massage

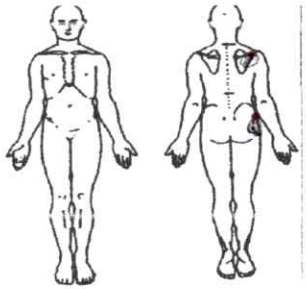
CLIENT RECORD: Follow-up Consultation

Last Name: McShanag First Name: Lynn Date 15/10/22

Area Being Treated R Shld, Hip Current Presentation LOOTRADIOPS:

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

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



R Shoulder
R Hip
SIJ

Client consent for treatment

Please sign Date

OBJECTIVE EXAMINATION:

Observation:
Shortened session as Lynn needed to get home to stove

Palpatory **Assessment:**

Treatment:
MFTT ESC, Rhomb, U/T Lev Scap QL, Glute Med Dip MTrP Supras. TensMin Glute Med, Glute Max

Reassessment & Postural **Improvements:**

Motion tests (Active, Passive, Resisted, Special Tests):

Advice & Corrective Exercises:
Piriformis & QL Stretch

Next Treatment/Management Plan: Book when needed