

# Tarregower Remedial Massage

## CLIENT RECORD: Follow-up Consultation

Last Name: M'SHANAG First Name: LYNN

Date: 25/2/23

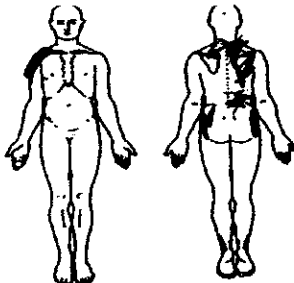
Area Being Treated CX/HIPS  
TX

Current Presentation LOOTRADIOPS:

Has your Clinical Impression changed? N

If yes \_\_\_\_\_

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



Q1  
Glute Med & Max  
Piriformis

Client consent for treatment

Please sign \_\_\_\_\_

Date 25/2/2023

### OBJECTIVE EXAMINATION:

Observation:	Motion tests (Active, Passive, Resisted, Special Tests):
Palpatory Assessment: <u>Glute Med hypertonic</u>	
Treatment: <u>MFT: iliocostalis, longissimus, lev scap, U/L, Glute Med, Glute Max</u> <u>DIP MTP - lat Dors</u> <u>O.P MTP - lev Scap, Glute Med</u> <u>Glute Max, Piriformis. G Sand</u>	
Reassessment & Postural Improvements: <u>Med</u>	Advice & Corrective Exercises: <u>Piriformis Stretch</u> <u>Glute Stretch</u>

Next Treatment/Management Plan: 8 weeks (booked), Call Lynn Prior  
→ also call if appointment becomes available ~ 4 weeks