Tarrengower Remedial Massage

CLIENT RECORD: Follow-up Consultation

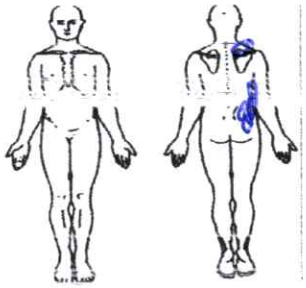
Last Name: McSHANAG First Name: LYNN Date 17/6/23

Area Being Treated R HIP

Current Presentation LOOTRADIOPS:

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

Response to previous treatment (+'ve, -'ve ISQ): T'de



① R HIP Has been waking Lynn UP → Glute Med, QL
② Shoulder → LIFTING

Client consent for treatment

Please sign Date

OBJECTIVE EXAMINATION:

Observation:

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

Palpatory **Assessment:**

Treatment:
MFR: Ilio costalis, QL, Longissimus, Semi Spinalis, Infraspinatus, Supra, Lat Dorsi
DIP MIP Lev Scap, UT, Subscap

Advice & Corrective Exercises:
'L' (no 'Y' or 'R' due to (R) Shldr restriction)
QL Stretch
Ext / Int Oblique Stretch

Reassessment & Postural **Improvements:**

Next Treatment/Management Plan: 3 weeks (booked