## Tarrengower Remedial Massage

## **CLIENT RECORD:** Follow-up Consultation

Last Name: Mc Shanag First Name: L	Date 19/8/23
Area Being Treated Cx/T- Cur	rent Presentation LOOTRADIOPS:
Has your Clinical Impression changed? YN If yes Response to previous treatment (+'ve, -'veISQ):	Stress reaction Thy morning  TEfferrage 1/18 to Shortcless -> Relayable  DCX
Client consent for treatment	
Please sign	Date
OBJECTIVE EXAMINATION:	
Observation:  O Glute Med. Hypertonic	Motion tests (Active, Passive, Resisted, Special Tests):
Palpatory Assessment:	reduce stress.
	and a shape
Treatment:	reduce Sivers.
	Advice & Corrective Exercises:
Reassessment & Postural Improvements:	
Next Treatment/Management Plan: 3 weeks (booked)  ———————————————————————————————————	