

Tarregower Remedial Massage

CLIENT RECORD: Follow-up Consultation

Last Name: Stensen First Name: Leigh

Date: 21/8/23

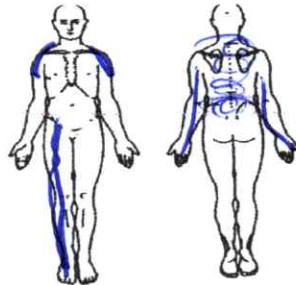
Area Being Treated LT/HTS/ITB

Current Presentation LOOTRADIOPS:

Has your Clinical Impression changed? Y/N

If yes _____

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



'Squatting' @ Side
→ side & foot
LBP
Neural pain in
arms.

Client consent for treatment

Please sign Leigh

Date 21.08.23

OBJECTIVE EXAMINATION:

Observation:	Motion tests (Active, Passive, Resisted, Special Tests): <u>SLR L 85° R (Spring)</u> <u>R 80° L (Spring)</u> <u>HIP Flex L 100° R (Spring)</u> <u>R 95° L (Spring) - do Exh for</u>
Palpatory Assessment:	
Treatment: <u>MFT QL, Glute Med, Max</u> <u>DIP Piriformis</u> <u>MFT HTS</u> <u>Cupping ITB</u>	Advice & Corrective Exercises: <u>HIP Flex / stretch</u> <u>Glute Stretch - supine</u> <u>Piriformis stretch - Seated</u>
Reassessment & Postural Improvements: <u>SLR L 95° R (Spring)</u> <u>R 90° L (Spring)</u> <u>HIP Flex L 110° R (Spring)</u> <u>R 100° L (Spring) (no Exh for)</u>	

Next Treatment/Management Plan: as needed
→ arms need