

Tarrengower Remedial Massage

CLIENT RECORD: Follow-up Consultation

Last Name: Sienden First Name: Leigh

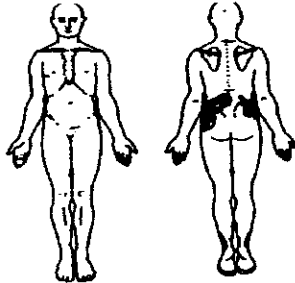
Date 16/10/23

Area Being Treated HIP/LB

Current Presentation LOOTRADIOPS:

Has your Clinical Impression changed? Y
 If yes _____

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



1 Lower back
QL?
Glute med?
min?

Client consent for treatment

Please sign Leigh Sienden

Date 16.10.2023

OBJECTIVE EXAMINATION:

<p>Observation:</p>	<p>Motion tests (Active, Passive, Resisted, Special Tests): HIP Flex L 110° R (Spring) R 125° R (Spring) SLR L 700 R (Spring) R 850 R (Spring) HIP IR L 40° R 40° HIP ER L 30° R 40°</p>
<p>Palpatory Assessment:</p>	<p>Advice & Corrective Exercises: Piriformis stretch Glute stretches</p>
<p>Treatment: MFTT - <u>iliocostalis, longissimus</u> <u>QL, Gl Med, Gl Max,</u> <u>DIP Piriformis, Glute med</u></p>	
<p>Reassessment & Postural Improvements: HIP Flex L 120° R (Spring) R 125° R (Spring) HIP IR L 40 R 40 <u>ER 40°</u> R 40°</p>	

Next Treatment/Management Plan: As needed