

Tarregower Remedial Massage

CLIENT RECORD: Follow-up Consultation

Last Name: M^cLEAN First Name: NEIL

Date 27/8/22

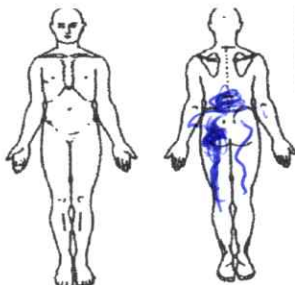
Area Being Treated Glutes/piri

Current Presentation LOOTRADIOPS:

Has your Clinical Impression changed? Y^N

If yes _____

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



Piriformis? @

Prox. H/S @

Sharp pain inferior glute / sup H/S.

Client consent for treatment

Please sign [Signature]

Date 27-8-22

OBJECTIVE EXAMINATION:

Observation: <u>Minimal improvement</u>	Motion tests (Active, Passive, Resisted, Special Tests):
Palpatory Assessment:	
Treatment: <u>MFTT - QL, TLF, Glute Med</u> <u>Glute Max, H/S. MET HB</u> <u>DIP MTP - Piriformis, Glute</u> <u>Max, Glute Med</u>	Advice & Corrective Exercises: <u>walk.</u> <u>Pool / Hydrotherapy.</u>
Reassessment & Postural Improvements:	

Next Treatment/Management Plan: 2 weeks

Neil to concentrate on being more active / mobile over next 2 weeks

→ Review effectiveness of sessions