

Tarrengower Remedial Massage

CLIENT RECORD: Follow-up Consultation

Last Name: McLEARN First Name: NEIL

Date 1/10/2022

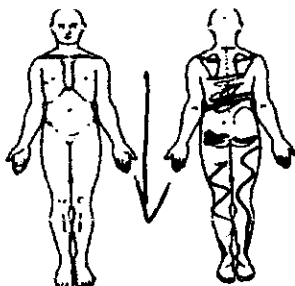
Area Being Treated Glutes/Lx

Current Presentation LOOTRADIOPS:

Has your Clinical Impression changed? Y/N

If yes _____

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



Piriformis /
Glute Max. - Bilat.

Client consent for treatment

Please sign [Signature]

Date 1-10-22

OBJECTIVE EXAMINATION:

Observation: <u>Neil using electronic leg massager on calves.</u> <u>→ appears to improve circulation in toes</u>	Motion tests (Active, Passive, Resisted, Special Tests):
Palpatory Assessment: <u>lower limbs</u>	
Treatment: <u>MFTT QL, ilio costalis,</u> <u>Glute Med, Glute Max, H/S,</u> <u>GRAC.</u> <u>DIP MTP QL, Glute Med.</u>	Advice & Corrective Exercises: <u>Piriformis & QL Stretch</u> <u>Walking → track with phone</u>
Reassessment & Postural Improvements:	

Next Treatment/Management Plan: 4 weeks (booked).