

Tarregower Remedial Massage

CLIENT RECORD: Follow-up Consultation

Last Name: M'LEAN First Name: NEIL

Date: 28/1/23

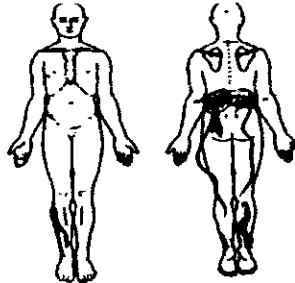
Area Being Treated Hips & Leg

Current Presentation LOOTRADIOPS:

Has your Clinical Impression changed? Y N

If yes _____

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



② GASTRO (ITB?)
② Glute Med
→ LBP
clicking/tightness

Client consent for treatment

Please sign [Signature]

Date 28-1-23

OBJECTIVE EXAMINATION:

<p>Observation: <u>⑤ Lower leg not as swollen but still enlarged.</u></p>	<p>Motion tests (Active, Passive, Resisted, Special Tests):</p>
<p>Palpatory Assessment:</p>	
<p>Treatment: <u>MFTT Ilio costalis, QL, Glute Med, Glute Max, Vast Lat, ② GASTRO, DIP, MT/P Glute Med, Glute Max</u></p>	<p>Advice & Corrective Exercises: <u>Glute stretches Supine Bilat 2 reps 1 set.</u></p>
<p>Reassessment & Postural Improvements: <u>No clicking or tightness lateral ② leg.</u></p>	

Next Treatment/Management Plan: 2 weeks (booked)
investigate perhaps cups on ITB if still restrictive