Tarrengower Remedial Massage

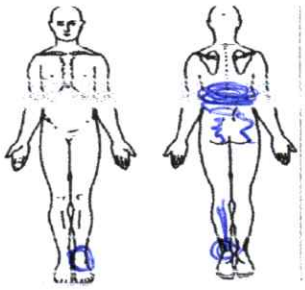
CLIENT RECORD: Follow-up Consultation

Last Name: McLEAN First Name: NEIL Date 17/6/23

Area Being Treated Back/Glutes Current Presentation LOOTRADIOPS:

Has your Clinical Impression changed? Y (N)
If yes

Response to previous treatment (+'ve, -'ve ISQ): +'ve
→ Cx/Neck much better



SIJ/LBP.
- Niggling / biting
QL? Glute Med
(5) ankle / towel leg
Tib post.

Client consent for treatment

Please sign [signature] Date 17-6-23

OBJECTIVE EXAMINATION:

Observation:

Motion tests (Active, Passive, Resisted, Special Tests):

Palpatory **Assessment:**

Treatment:
MFRT thoracolis, QL, Glute Med, Glute Max, HIS Peroneals longus, brevis
DIP MTrP Piriformis, Glute Med

Advice & Corrective Exercises:
Piriformis Stretch

Reassessment & Postural **Improvements:**

Next Treatment/Management Plan: Next Week (booked)