

Tarregower Remedial Massage

CLIENT RECORD: Follow-up Consultation

Last Name: MCLEAN First Name: NEIL

Date 24/6/23

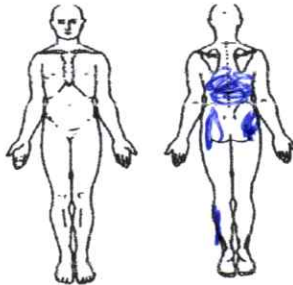
Area Being Treated LB/Glutes

Current Presentation LOOTRADIOPS:

Has your Clinical Impression
changed? Y N
If yes _____

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

→ Pain 2/7 later.



Q Glute / LB = Piriformis?
Q Lateral lower leg.

Client consent for treatment

Please sign [Signature]

Date 24-6-23

OBJECTIVE EXAMINATION:

Observation:	Motion tests (Active, Passive, Resisted, Special Tests):
Palpatory Assessment:	
Treatment: <u>METT dia costalis, QL, Glute</u> <u>Med, Glute Max, H/s Peroneals</u> <u>D.P. MTP Piriformis Glute</u> <u>Med.</u> <u>P&S Piriformis</u>	Advice & Corrective Exercises: <u>Piriformis Stretch</u> <u>Glute Stretch</u>
Reassessment & Postural Improvements:	

Next Treatment/Management Plan: _____