

Tarregower Remedial Massage

CLIENT RECORD: Follow-up Consultation

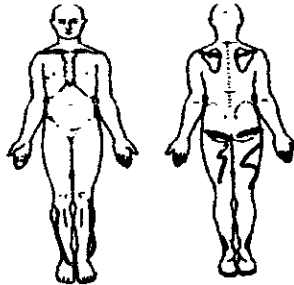
Last Name: McLENNAN First Name: NEIL

Date 24/7/23

Area Being Treated HIPS, Legs Current Presentation LOOTRADIOPS:

Has your Clinical Impression changed? Y^N
If yes _____

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



NOT TOO BAD, NOT TOO GOOD
→ QUAD FEM?
→ HAMSTRINGS.
ACHING CALVES
→ Indicated lateral
→ Peroneus 2? R?

Client consent for treatment

Please sign [Signature]

Date 24-7-23

OBJECTIVE EXAMINATION:

Observation:	Motion tests (Active, Passive, Resisted, Special Tests):
Palpatory Assessment:	
Treatment: <u>MFTT - iliocostalis, longissimus</u> <u>QL, Glute Med, Glute Max, Hfs,</u> <u>Peroneus Longus, & Brevis.</u> <u>DIP Piriformis, MIP Glute Max.</u>	Advice & Corrective Exercises: <u>HAMSTRING-Seated Stretch</u> <u>Piriformis Stretch</u>
Reassessment & Postural Improvements:	

Next Treatment/Management Plan: 3 weeks (booked)