

Tarregower Remedial Massage

CLIENT RECORD: Follow-up Consultation

Last Name: McLEOD First Name: NEIL

Date 12/8/23

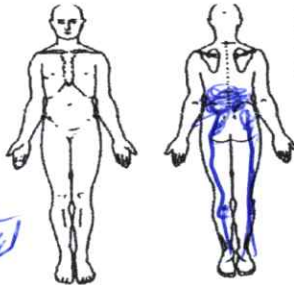
Area Being Treated LX, HIPS

Current Presentation LOOTRADIOPS:

Has your Clinical Impression changed? Y N
If yes _____

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

OK for 1/52, max deteriorated



Sensation running down back/outside
→ cant sit still.
→ 'Pain' down leg
→ ache → Not tingles
Glutes, LB, Piriformis, HIPS,

Client consent for treatment

Please sign [Signature]

Date 12-8-23

OBJECTIVE EXAMINATION:

Observation:	Motion tests (Active, Passive, Resisted, Special Tests):
Palpatory Assessment: <u>① Biceps Fem Hypertonic</u>	
Treatment: <u>PLS Piriformis</u> <u>MFTG Glute Med, Glute Max</u> <u>Biceps Fem, Semi Tend, Semi Mem, Gastroc, ITB.</u>	Advice & Corrective Exercises: <u>Water Hydro therapy - walk</u> <u>crabwalk, add dips</u> <u>23x per week</u> <u>Piriformis Stretch</u>
Reassessment & Postural Improvements:	

Next Treatment/Management Plan: 2 Weeks