

Tarregower Remedial Massage

CLIENT RECORD: Follow-up Consultation

Last Name: McLenn First Name: Neil

Date 11/11/23

Area Being Treated HIP/legs

Current Presentation LOOTRADIOPS:

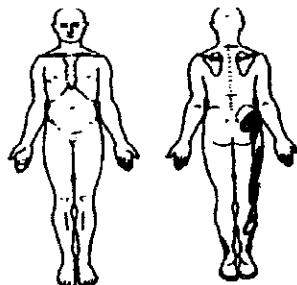
Has your Clinical Impression

changed? Y ☒ N

If yes _____

Response to previous treatment

(+ve, -ve, SQ): 1'00



Ⓡ HIP, down
internal leg
Ⓞ Slight ripple

Client consent for treatment

Please sign [Signature]

Date 11-11-23

OBJECTIVE EXAMINATION:

Observation:	Motion tests (Active, Passive, Resisted, Special Tests): <u>SLR SLR L80 S. @ P10x H15</u> <u>R80 S. @ P10x H15</u> <u>see my appointments</u>
Palpatory Assessment:	
Treatment: <u>MFTT, ilio costalis, QL, Gluteal</u> <u>Rham, Biceps fem, Semi</u> <u>ram, semi tend, adductor Long</u> <u>Pectineus L&B, Gastroc, Soleus</u> <u>Rock Pod internal glide - ITB</u>	Advice & Corrective Exercises: <u>as per exercises prescribed by</u> <u>Clare (EP) Castlemaine</u> <u>Physiotherapy.</u>
Reassessment & Postural Improvements: <u>SLR L85 S. @ P10x H15</u> <u>R85 S. @ P10x H15</u> <u>HIP Flex L 110 R1(Springs)</u> <u>R110 R1(Springs)</u>	

Next Treatment/Management Plan: 4 weeks booked