Tarrengower Remedial Massage

CLIENT RECORD: Follow-up Consultation

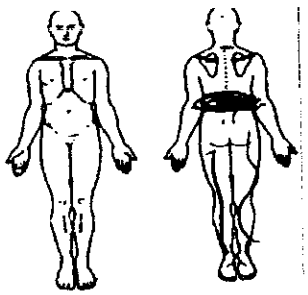
Last Name: HERCOST First Name: KEN Date 11/10/22

Area Being Treated LBP

Current Presentation LOOTRADIOPS:

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

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



Chronic → acute on chronic
MOI - Fall 3/7 ago

Client consent for treatment

Please sign [signature] Date 11/10/22

OBJECTIVE EXAMINATION:

Observation:

Palpatory **Assessment:**

Treatment:
MFR 1/10 costalis, QL
Glute Med, Lat Dorsi, TLF
Glute Max, HTs, Calves.

Reassessment & Postural **Improvements:**

Motion tests (Active, Passive, Resisted, Special Tests):
Lx/Rx Flex ½ shin S, @ gastroc.
Lx/Rx LAT Flex Knee S, @ glute med (sig LT)

Advice & Corrective Exercises:
Lower back Stretches
Knees → Chest
Knee across

Next Treatment/Management Plan: 2 weeks (booked)