Tarrengower Remedial Massage

CLIENT RECORD: Follow-up Consultation

Last Name: Hup Som First Name:	Sam Date 26/1_123
Area Being Treated HIPS Rhutes Cur	rent Presentation LOOTRADIOPS:
Has your Clinical Impression changed? Y(N) If yes Response to previous treatment (+'ve, -'veISQ):	O leg sore after musage gun 3 weeks ago
Client consent for treatment	
OBJECTIVE EXAMINATION:	Date 26/1/23
Observation: V. T. glut on L Sida When moving	Motion tests (Active, Passive, Resisted, Special Tests):
Palpatory Assessment: by pertonic (Post Fibres (Sp.)	
MFTT 1145 COSTALIS, Cileto Med, Cluts Max Vas lats	
Med, Clut. Max Vas lat.	Advice & Corrective Exercises:
i i i i i i i i i i i i i i i i i i i	Continue with Mx Stretches & exercise From Claire B (EP)
Next Treatment/Management Plan:3	Weeks (booked)