

Tarrengower Remedial Massage

CLIENT RECORD: Follow-up Consultation

Last Name: Hudson First Name: SAM

Date 7/3/23

Area Being Treated LBP/HIP

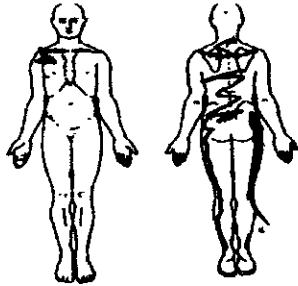
Current Presentation LOOTRADIOPS:

Has your Clinical Impression changed? Yes
If yes _____

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

Back 'grabbed' 1-2 hours post treatment QL

Client consent for treatment → OIL!



LBP → HIPS →
glutes
- ITB: ⊕

Please sign

Hudson

Date

OBJECTIVE EXAMINATION:

<p>Observation:</p>	<p>Motion tests (Active, Passive, Resisted, Special Tests):</p>
<p>Palpatory Assessment:</p>	
<p>Treatment: <u>MFFT - ilio costalis, glute med, Glute max, H/S. calves ITB tract</u></p>	<p>Advice & Corrective Exercises: <u>As directed by EP</u></p>
<p>Reassessment & Postural Improvements:</p>	

Next Treatment/Management Plan: _____
