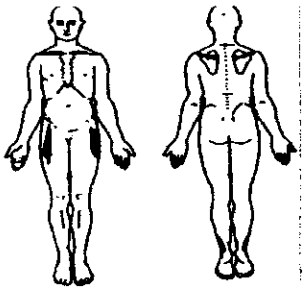
Tarrengower Remedial Massage

CLIENT RECORD: Follow-up Consultation

Last Name: Shepherd First Name: Alan Date 10/10/23

Area Being Treated Hip/ITBand Current Presentation LOOTRADIOPS:

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



TFL ?
acute Med

MLD - Sinuses.

Response to previous treatment (+'ve, -'ve ISQ): ISQ
- Previous cupping of ITB worked

Client consent for treatment

Please sign [signature] Date 10/10/23

OBJECTIVE EXAMINATION:

Observation:

Palpatory **Assessment:**
TFL - Hypertonic

Treatment:
MFT: TFL, Vas lat, GMed, GMax
DIP MTrP GMed, GMin TFL

Motion tests (Active, Passive, Resisted, Special Tests):
HIP Flex L 110° R1 (Spring)
R 110° R1 (Spring)
SLR L 60° ↓ @ Prox Hamstring

HIP IR 30° R1 Spring
30° R1 (Spring)
ER 20° R1 Spring
30° R1 (Spring)

Advice & Corrective Exercises:
TFL / GMin Stretch

Reassessment & Postural **Improvements:**

Next Treatment/Management Plan: Suspect Hypertonic Glute Minimus
→ potential referral to Brian Kelly to MDN
→ Alan will book in as needed