

Tarregower Remedial Massage

CLIENT RECORD: Follow-up Consultation

Last Name: Shepherd First Name: Alan

Date 4/11/23

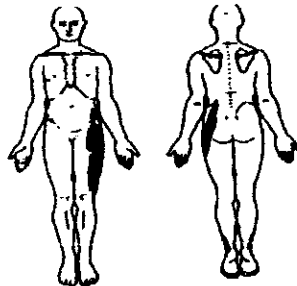
Area Being Treated HIP/TIB

Current Presentation LOOTRADIOPS:

Has your Clinical Impression changed? Y^N

If yes _____

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



① ITB
 ② GMax
 GMed?
 TFL

Client consent for treatment

Please sign

Date

OBJECTIVE EXAMINATION:

Observation:	Motion tests (Active, Passive, Resisted, Special Tests): HIP Flex L 110° R (Spring) HIP Ext R 120° R (Spring) L Flex Mid Shin S. @ ① GMed SLR L 60° S. @ gastroc R 80° S. @ gastroc
Palpatory Assessment:	
Treatment: MFT TFL, Vas lat, Releem GMed, GMax DIP TFL, Vas lat, Piriformis PFS - Vas lat, Releem	Advice & Corrective Exercises: Grabs walk Piriformis Stretch Crotch Stretch Supine
Reassessment & Postural Improvements: HIP Flex L 120° R (Spring)	

Next Treatment/Management Plan: as needed
