Tarrengower Remedial Massage

CLIENT RECORD: Follow-up Consultation

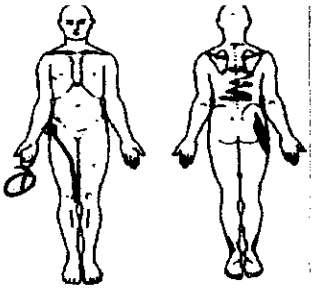
Last Name: HEATHCOTE First Name: FIONA Date 13/7/22

Area Being Treated HIP, LX

Current Presentation LOOTRADIOPS:

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

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



Q Psoas Piri.
Glute Med
Rec Fem

Client consent for treatment

Please sign FH Date 13/7/22

OBJECTIVE EXAMINATION:

Observation:
Psoas maj - unable to release

Palpatory **Assessment:**

Treatment:
MFTR Glute med, Glute max, Psoas, Quads, Rec Fem, H/S.
P&S Rec Fem

Reassessment & Postural **Improvements:**

Motion tests (Active, Passive, Resisted, Special Tests):
HIP Flex L 120° R (Spring)
R 120° R (Spring)
HIP ABD L 70° R (Spring)
R 75° R (Spring)

Advice & Corrective Exercises:
H/S, Rec Fem Stretches

Next Treatment/Management Plan: 3 weeks

PATIENT SCREENING QUESTIONNAIRE FOR COVID-19

Please Circle Yes or No

1. Do you have a fever or Respiratory Symptoms? **Yes** **No**

Symptoms include fever OR an acute respiratory infection and include (but are not limited to) cough, sore throat, fatigue and shortness of breath with or without a fever.

2. Have you been identified as a close contact of a confirmed case of coronavirus? **Yes** **No**

You are a close contact if you: live in the same house as someone who tests positive. spent 4 hours or longer with someone in a home, or health or aged care environment.

3. Are you waiting on COVID-19 swab results? **Yes** **No**
4. Have you been asked to self-isolate by your GP, or a government authority? **Yes** **No**
5. Have you received a COVID-19 vaccination in the past 3 days? **Yes** **No**

I, the undersigned hereby declare that the information I have provided in this questionnaire is true and accurate

Name FIONA HEATHCOTE

Your signature

Date 13/07/22