

Tarregower Remedial Massage

CLIENT RECORD: Follow-up Consultation

Last Name: HENTUCOTE First Name: FIONA

Date 30/1/23

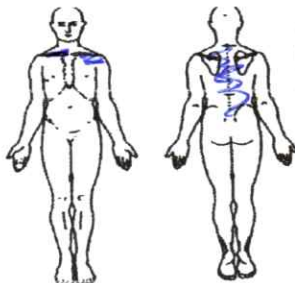
Area Being Treated Cx → Tx → Lx
HIP

Current Presentation LOOTRADIOPS:

Has your Clinical Impression changed? Y N

If yes _____

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



Rhomboids
Cx → Tx → Lx
Pecs (minor)

Client consent for treatment

Please sign

FH

Date 30/1/23

OBJECTIVE EXAMINATION:

Observation:	Motion tests (Active, Passive, Resisted, Special Tests): <u>HIP Flex L 125° R (Spring)</u> <u>R 125° R (Spring)</u>
Palpatory Assessment: <u>Pec Minor & Pec Major</u> <u>hypertonic</u>	
Treatment: <u>MFTT - the costal longissimus</u> <u>Rhomboids, Glute Med, HPS,</u> <u>calves, Pec Lem, Vast lat, Pectus</u> <u>OIP MT, P-Rhomb., Lev Scap,</u> <u>Glute med Pec Min</u>	Advice & Corrective Exercises: <u>Y TW</u> <u>Quad Stretch</u> <u>Glute Stretch</u>
Reassessment & Postural Improvements: <u>Pec</u> <u>Major</u>	

Next Treatment/Management Plan: 3 weeks (booked)