

Tarregower Remedial Massage

CLIENT RECORD: Follow-up Consultation

Last Name: HEATH CORE First Name: Fiona

Date 20/4/23

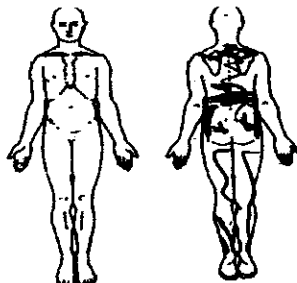
Area Being Treated LB/H/PS

Current Presentation LOOTRADIOPS:

Has your Clinical Impression changed? Y ☒ N

If yes _____

Response to previous treatment (+ve, -ve(SQ): +ve



HIP - 'twisted' (L) Glute Med? Pir? Glute Max. Post Chain Pain +

Client consent for treatment

Please sign

[Signature]

Date 20/4/23

OBJECTIVE EXAMINATION:

Observation:	Motion tests (Active, Passive, Resisted, Special Tests):
Palpatory Assessment: <u>Glute Med tissue damage?</u>	
Treatment: <u>CFF: (L) Glute Med</u> <u>MFT ilio costalis, QL, longiss.,</u> <u>Semi Spinalis, Glute Med, Glute Max</u> <u>H/S, Gastroc.</u> <u>Dip MTP Glute Med, Piriformis</u>	Advice & Corrective Exercises: <u>Piriformis</u> <u>QL</u> <u>YTW.</u>
Reassessment & Postural Improvements:	

Next Treatment/Management Plan: 4 Weeks (booked)