Tarrengower Remedial Massage

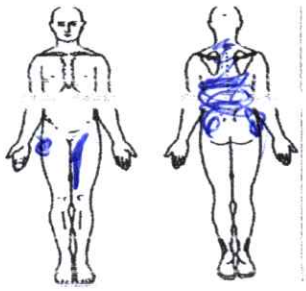
CLIENT RECORD: Follow-up Consultation

Last Name: HEATHCOTE First Name: FIONA Date 6/6/23

Area Being Treated HIP/ADDUCTORS Current Presentation LOOTRADIOPS:

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

Response to previous treatment (+'ve, -'ve ISQ): 1'ue



① HIP
② ADDUCTORS

Client consent for treatment

Please sign FL Date

OBJECTIVE EXAMINATION:

Observation:

Motion tests (Active, Passive, Resisted, Special Tests):
HIP Flex L 110° R1 (Spring)
R 110° R1 (Spring)

Palpatory **Assessment:**
PKB L 8 fingers
R 4 fingers

Treatment:
MFTT: TFL, Iliocostalis, Glute Med, TFL, Rec Fem Adductor longus, gracilis
D.I.P. Illacus, Psoas

Advice & Corrective Exercises:
~~HIP~~ P
P HIP Flexor Stretch

Reassessment & Postural **Improvements:**
HIP Flex 125° R1 (Spring)
125° R1 (Spring)
PKB L 5 fingers
R 4 fingers

Next Treatment/Management Plan: 3 weeks (booked)