Tarrengower Remedial Massage

CLIENT RECORD: Follow-up Consultation

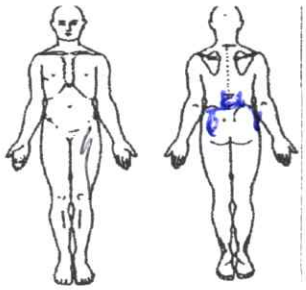
Last Name: BROMAGE First Name: JUDI Date 24/5/22

Area Being Treated LX/HIP

Current Presentation LOOTRADIOPS:

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

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



QL?
Rectus

Client consent for treatment

Please sign JBromage Date 24/5/2022

OBJECTIVE EXAMINATION:

Observation:

Palpatory **Assessment:**

Motion tests (Active, Passive, Resisted, Special Tests):

HIP Flex (L) 90° P, @ Rectem Ins.
R 125° PB

SLR L 80° S, @ Pop Fossa
R 90° S, @ H/S

Treatment:
MFTT - TLF, QL, Glute Med
Glute Max, H/S, Rec Fem
Psoas Maj Iliacus, Add Long
PBS Rec Fem, Psoas Maj, Iliacus

Advice & Corrective Exercises:
2 every 2 days
QL, Piri, abd, Hip Flexor

Reassessment & Postural **Improvements:**
SLR L 90° S, @ Pop Foss
R 90° S. @ " "
Hip Ext L 110° P, @ add.
125° PB.

Next Treatment/Management Plan: 2 weeks (booked)