

Tarregower Remedial Massage

CLIENT RECORD: Follow-up Consultation

Last Name: Bromage First Name: Julia

Date: 21/9/22

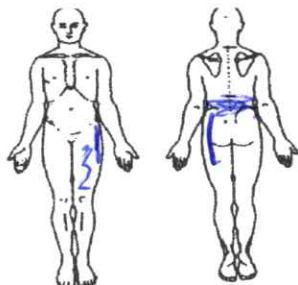
Area Being Treated Lx legs

Current Presentation LOOTRADIOPS:

Has your Clinical Impression changed? Y N

If yes _____

Response to previous treatment (+ve, -ve/SQ): 7/10



② Glute Med
QL

Client consent for treatment

Please sign

Julia Bromage

Date

21/9/22

OBJECTIVE EXAMINATION:

<p>Observation:</p>	<p>Motion tests (Active, Passive, Resisted, Special Tests):</p> <p>Trendelenburgs L +ve R +ve <u>② Glute med</u> <u>QL</u></p> <p>PKB L 135° R 145°</p>
<p>Palpatory Assessment:</p>	
<p>Treatment:</p> <p>MFT ilio costalis, longissimus QL, Glute Med, HTS, Glute Med, Reebem, iliacus</p> <p>DIP MTP Glute Med, iliacus</p>	<p>Advice & Corrective Exercises:</p> <p>QL, Piriformis & Quad Stretches.</p>
<p>Reassessment & Postural Improvements:</p> <p>PKB L 160 (R. Spring) R 160 (R. Spring)</p>	

Next Treatment/Management Plan:

ilium - 2 weeks (booked)