

Tarrengower Remedial Massage

CLIENT RECORD: Follow-up Consultation

Last Name: Bromberg First Name: Judi

Date 5/1/22

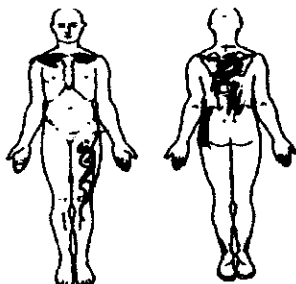
Area Being Treated _____

Current Presentation LOOTRADIOPS:

Has your Clinical Impression changed? Y

If yes _____

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



Rec Fem
TFL?
glute med?

Pec Minor } support Clavus
Rhomboids } exercise

longissimus
QL

Client consent for treatment

Please sign

Date

OBJECTIVE EXAMINATION:

Observation:	Motion tests (Active, Passive, Resisted, Special Tests): <u>HIP FLEX</u>
Palpatory Assessment:	<u>Th Flex mid skin S, @ Prox</u> b/s.
Treatment:	<u>Tx Rotn S, @ QL</u>
Reassessment & Postural Improvements:	Advice & Corrective Exercises: <u>emailed Clavus with request to review pec minor stretch & incorporate hip flexor stretch into exercises</u>

Next Treatment/Management Plan:

Clavus on Friday