

Tarregower Remedial Massage

CLIENT RECORD: Follow-up Consultation

Last Name: Guddeon First Name: Bronwyn

Date 4/1/23

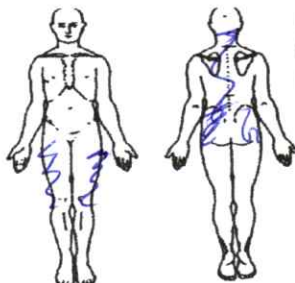
Area Being Treated Cx/Tx/Hips

Current Presentation LOOTRADIOPS:

Has your Clinical Impression changed? Y N

If yes _____

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



Client consent for treatment

Please sign

Date 4/1/23

OBJECTIVE EXAMINATION:

Observation: <u>White</u>	Motion tests (Active, Passive, Resisted, Special Tests):
Palpatory Assessment: <u>White Max → HB Hypertonic</u>	
Treatment: <u>MFTD ESq, low Scap, U/T</u> <u>OIP MTP low Scap, Supra</u> <u>MFTD LAT DORSI, White Med,</u> <u>White Max</u> <u>OIP MTP White Med, White Max</u> <u>ITB Cupping</u>	Advice & Corrective Exercises: <u>Seated Piriformis x5 bilat</u> <u>White Bridge x5</u> <u>Hold 20 Sec, 5secs ↓</u>
Reassessment & Postural Improvements:	

Next Treatment/Management Plan: 3 weeks (booked)