

Tarregower Remedial Massage

CLIENT RECORD: Follow-up Consultation

Last Name: GUONGEON First Name: BROWN

Date 25/3/23

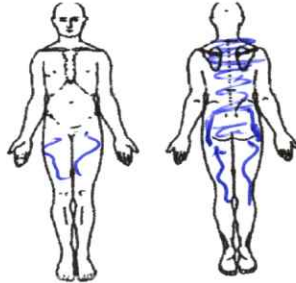
Area Being Treated BACK, HIPS

Current Presentation LOOTRADIOPS:

Has your Clinical Impression changed? Y N

If yes _____

Response to previous treatment (+ve, -ve/ISQ): five.



VAS LAT (ITB)

Glutes

H/S

HIP Flex.

Client consent for treatment

Please sign

Date 25/3/23

OBJECTIVE EXAMINATION:

Observation:

ABD while Flexing hip

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

HIP Flex L 120° R (Spring)
R 120° R (Spring)

Palpatory Assessment:

VAS LAT Hypertonic
ITB - A little "

Treatment:

MFT - Ilio costalis, longissimus
Glute Med, Glute Max, H/S Calves
VAS LAT
DIP - MIP Glute Med, Glute Max
Piriformis, Vas Lat, Gastroc

Advice & Corrective Exercises:

Rec Fem / Vas Lat Stretch.

Reassessment & Postural Improvements:

HIP Flex L 125° R (Spring)
R 125° R (Spring)

Next Treatment/Management Plan: 4 weeks (booked)