Tarrengower Remedial Massage

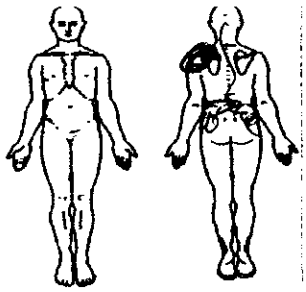
CLIENT RECORD: Follow-up Consultation

Last Name: FEDOROWICZ First Name: AMANDA Date 17/10/23

Area Being Treated _____ Current Presentation LOOTRADIOPS:

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

Response to previous treatment (+'ve, -'ve ISQ): 2 ½



(L) Teres Minor
Lat Dorsi
Glutes
Piriformis

Client consent for treatment

Please sign Amanda Fedorowicz Date

OBJECTIVE EXAMINATION:

Observation:

Palpatory **Assessment:**
(R) Piriformis Hypertonic

Treatment:
MFTT. iliocostalis, Longissimus
QL, Semi spinalis, U/T, lev Scap
G Med, G Max
D.P MTP - lev Scap, U/T supra
Pectoralis

Reassessment & Postural **Improvements:**
SHld abd - L 90° P. @ ant. delt

Motion tests (Active, Passive, Resisted, Special Tests):
Shldr abd L 70° P. @ Post Delt
R 180° PB
Hawkins Kennedy +ive (L).
Open can (L) +ive.

Advice & Corrective Exercises:
Glute Bridge
Piriformis Stretch
Supine glute Stretch
YTW

Next Treatment/Management Plan: 3 weeks booked