

Tarrengower Remedial Massage

CLIENT RECORD: Follow-up Consultation

Last Name: McLomb First Name: ANNE - MAREE

Date 19/4/23

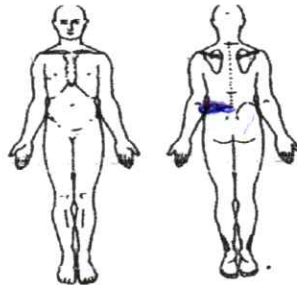
Area Being Treated H.I.P/LBP

Current Presentation LOOTRADIOPS:

Has your Clinical Impression changed? Y N

If yes _____

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



3x in 3 weeks
-Sharp pain - lower back (L)
-Extending to pick up dog
-Worse after sitting

Client consent for treatment

Please sign [Signature]

Date

OBJECTIVE EXAMINATION:

Observation:	Motion tests (Active, Passive, Resisted, Special Tests): <u>Lx flex ankle S. @ H/S</u> <u>Lx lat flex L knee PB</u> <u>R knee S. @ QL</u> <u>Rt @ Glute Med</u>
Palpatory Assessment:	
Treatment: <u>MFTT - iliocostalis, QL,</u> <u>longissimus, semi spinalis,</u> <u>Lat Dorsi, white red, TLF,</u> <u>DIP ntrp Glute Med.</u>	Advice & Corrective Exercises: <u>Seen from GP if Pain persists</u> <u>L3? Asc?</u>
Reassessment & Postural Improvements: <u>Lx Flex Floor PB</u> <u>Lx lat flex R knee PB</u>	

Next Treatment/Management Plan: 3 weeks (booked)