Tarrengower Remedial Massage

CLIENT RECORD: Follow-up Consultation

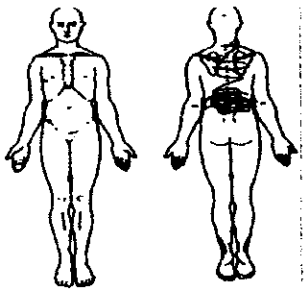
Last Name: Mc Knight First Name: Bill Date 27/10/23

Area Being Treated LB

Current Presentation LOOTRADIOPS:

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

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



Sore lower back
~~stiff~~
→ Noticed after sitting in car.

Client consent for treatment

Please sign Date

OBJECTIVE EXAMINATION:

Observation:

Palpatory **Assessment:**

Treatment:
MRT - ilio costalis, QL
~~Sac~~ longissimus, lat Dorsi, glmed, Gmax, ~~PS~~
DIP Piriformis

Reassessment & Postural **Improvements:**
SLR 80°
80°
Hip Flex 110 R(spring)
110 R(spring)

Motion tests (Active, Passive, Resisted, Special Tests):
SLR 60°
60°

Advice & Corrective Exercises:
2 legs pivot while seated

Next Treatment/Management Plan: as needed.