Tarrengower Remedial Massage

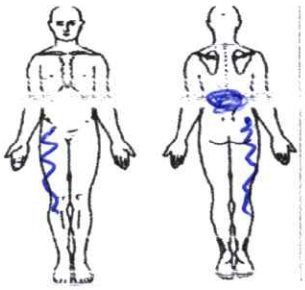
CLIENT RECORD: Follow-up Consultation

Last Name: MCKNIGHT First Name: BRIANNA Date 21/6/23

Area Being Treated LB/ Current Presentation LOOTRADIOPS:

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

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



(R) leg - shooting pain down side / posterior
L-B
Pir. Forms?
TFL

Client consent for treatment

Please sign

Date 21/6/23

OBJECTIVE EXAMINATION:

Observation:

Palpatory **Assessment:**
Glutes Med. Hypertonic

Treatment:
MFTT: ilio costalis, QL, Glute Med, Glute Max, HS, Rec Fem
D.P MT.P Piriformis'
P&S Rec Fem.

Reassessment & Postural **Improvements:**
HIP FLEX L 125° R1(Spring)
R 125° R1(Spring)

Motion tests (Active, Passive, Resisted, Special Tests):
SLR R 45° R1 (Spring)
L 50° R1 (Spring)
HIP FLEX R 100° R1 (Spring)
L 100° R1 (Spring)
HIP IR R. R1 (Spring)
L. R1 (Spring
ER R. R1 (Spring)
L. R1 (Spring

Advice & Corrective Exercises:
HIP FLEXOR Stretch
Daily Hold for 20 sec
2 sets 2 Reps

Next Treatment/Management Plan: as needed