Tarrengower Remedial Massage

CLIENT RECORD: Follow-up Consultation

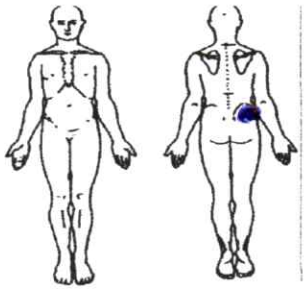
Last Name: PETRUSMA First Name: DONNA Date 9/1/23

Area Being Treated HIP

Current Presentation LOOTRADIOPS:

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

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



Knee Tumor (R) Knee *,
(R) Hip (LBP)
Glute Med?

Client consent for treatment

Please sign Date

OBJECTIVE EXAMINATION:

Observation:

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

Treatment: ~~MFT~~ ~~ESG~~ ESG, Glute Med, Glute Max, Rec Fem VAS LAT, VAS Med DIP MT/P Glute Med, Glute Max, Piriformis

Reassessment & Postural **Improvements:**
Hip Flex L 125° R, (Spring)
R 120° R, (Spring)

Motion tests (Active, Passive, Resisted, Special Tests):
HIP FLEX L 120° R (Spring)
R WD R (Spring)
HIP ABD L 75° R (Spring)
R 75° R (Spring
GLAESLENS. -VE

Advice & Corrective Exercises:
Hip Flexor Stretch

Next Treatment/Management Plan: Donna to book in 2 weeks prior to biopsy.