Tarrengower Remedial Massage

CLIENT RECORD: Follow-up Consultation

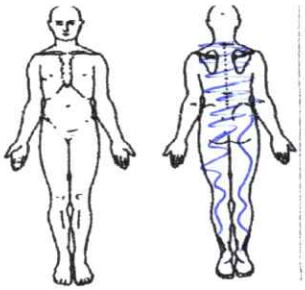
Last Name: WITHERS First Name: EWEN Date 12/8/23.

Area Being Treated Back

Current Presentation LOOTRADIOPS:

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

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



Superficial Back line
HS
Calfs.

Client consent for treatment

Please sign

Date 12/8/23.

OBJECTIVE EXAMINATION:

Observation:

Palpatory **Assessment:**
TFL Hypertonic Bilat

Treatment:
MFT QL, Iliocostalis, Glute Med, Semi Tend, Semimem, Bicep Fem, Gastroc, Soleus

Reassessment & Postural **Improvements:**
SLR L 60 S1 @ Distal HS.
R 60 S1 @ TLF

Motion tests (Active, Passive, Resisted, Special Tests):
SLR L 50 S1 @ distal HS
R 50° S1 @ TLF

Advice & Corrective Exercises:
Glute Bridge
TFL Stretch.
Glute Stretch

Next Treatment/Management Plan: 5 weeks (booked)