Tarrengower Remedial Massage

CLIENT RECORD: Follow-up Consultation

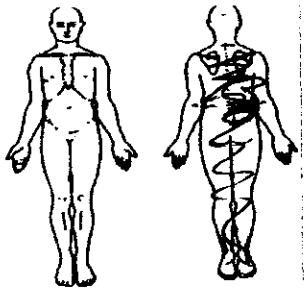
Last Name: WITHERS First Name: EWEN Date 4/11/23

Area Being Treated SBL

Current Presentation LOOTRADIOPS:

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

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



GMed
QL
iliocostalis

Client consent for treatment

Please sign

Date 4/11/23

OBJECTIVE EXAMINATION:

Observation:

Palpatory **Assessment:**

Treatment:
MFTT - iliocostalis, QL, GMed
GMax, Biceps fem, Semi Ten
Semi mem, adductor Longus
DIP MTrP Piriformis

Motion tests (Active, Passive, Resisted, Special Tests):
SLR L 45° S. @ Biceps fem
R 45° S. @ Biceps fem

Hip Flex L 90° R. (Spring)
R 90° R. (Spring)

Lx Flex - 10cm ↓ Knee S. @ H/S

Reassessment & Postural **Improvements:**
Lx Flex Midskin S. @ TLF
Hip Flex L 100° R. (Spring)
R 100° R. (Spring)

SLR L 60° S. @ TLF
R 60° S. @ TLF

Advice & Corrective Exercises:
Glute Bridge with block ✓
Piri Formis Stretch ✓
Glute Stretch ✓
Calf Raises / Heel drops ✓
*

* Added to telehab

Next Treatment/Management Plan: 6 weeks (booked)