

Tarrengower Remedial Massage

CLIENT RECORD: Follow-up Consultation

Last Name: WITHERS First Name: LAUREYNE

Date 17/12/22

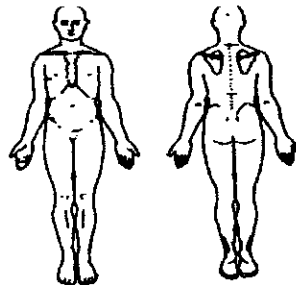
Area Being Treated Lx, Rx, HIPS

Current Presentation LOOTRADIOPS:

Has your Clinical Impression changed? Y N

If yes _____

Response to previous treatment (+ve, -ve/SQ): fire



HIP/Glute pain
from work as
Aged care ~~care~~
support worker

Client consent for treatment

Please sign _____

Date _____

OBJECTIVE EXAMINATION:

Observation:	Motion tests (Active, Passive, Resisted, Special Tests): <u>HIP FLEX L 90° R (Spring)</u> <u>R 95° R (Spring)</u>
Palpatory Assessment: <u>① Glute Med & ② Gastroc</u> <u>Upper lumbar</u>	<u>HIP Internal Rot L 30° R (Spring)</u> <u>R 30° R (Spring)</u> <u>HIP External Rot L 40° R (Spring)</u> <u>R 40° R (Spring)</u>
Treatment: <u>MRTT iliocostalis, QL, Longissimus,</u> <u>Glute Med, Glute Max, H/S,</u> <u>Gastroc, Rec Fem</u> <u>Stripping - Gastroc.</u>	Advice & Corrective Exercises: <u>Warm up before physical work</u> <u>- Lat Stretches, Tx Rotn, Tx Flex,</u> <u>- Hip Flexor Stretch on bench</u> <u>- calf raises</u> <u>- Piriformis stretch</u> <u>- QL stretch</u>
Reassessment & Postural Improvements: <u>HIP Flex L 110° R (Spring)</u> <u>R 110° R (Spring)</u>	

Next Treatment/Management Plan: 4 weeks (booked)