

Tarregower Remedial Massage

CLIENT RECORD: Follow-up Consultation

Last Name: WITHERS First Name: LAURENCE

Date 11/2/23

Area Being Treated HIPS/Glutes
L3

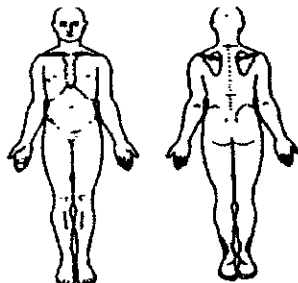
Current Presentation LOOTRADIOPS:

Has your Clinical Impression changed? Y(N)

If yes _____

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

Sore for 2-3 days



LBP & Hip Soreness

→ additional shifts as home carer

TIF, Glute Med, Piriform

Client consent for treatment

Please sign

[Signature]

Date 11/2/23

OBJECTIVE EXAMINATION:

Observation:	Motion tests (Active, Passive, Resisted, Special Tests): <u>Lx Flex Lnd Knee S, @ Gastroc (b, at)</u> <u>Lx Lat Flex R knee S, @ Glute Med Ant.</u> <u>L knee S, @ Glute</u>
Palpatory Assessment:	
Treatment: <u>MFT TIF, ilio costalis, QL</u> <u>longissimus, glute med,</u> <u>Glute Max</u> <u>DIP Piriformis, Glute Med</u>	Advice & Corrective Exercises: <u>Glute Bridges 1 set 5 reps.</u> <u>Glute Stretch " Daily</u> <u>Glute Stretch "</u> <u>Piriformis / QL Stretch</u>
Reassessment & Postural Improvements: <u>Lx Lat Flex L Lnd Knee S, @ Ant</u> <u>R Lnd Knee S, @ Ant</u> <u>Lx Flex - knee S, @ QL</u>	

Next Treatment/Management Plan: 5 weeks. (booked)