Tarrengower Remedial Massage

CLIENT RECORD: Follow-up Consultation

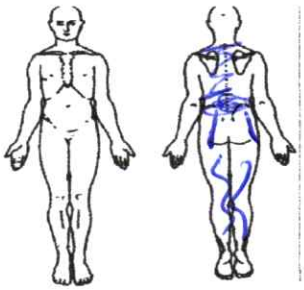
Last Name: WITHERS First Name: LAUREYNE Date 22/4/23

Area Being Treated LX/HIPS

Current Presentation LOOTRADIOPS:

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

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



LBP - L
- No MOI recalled

Client consent for treatment

Please sign [signature] Date 22/4/23.

OBJECTIVE EXAMINATION:

Observation:

Palpatory **Assessment:**

Treatment:

Motion tests (Active, Passive, Resisted, Special Tests):
Lx flex 4cm ↓ knee S, @ ® Gastroc
Lx lat flex knee S, @ Glute Med
knee P, @ Glute Med

Advice & Corrective Exercises:
QL / Glute / Piriformis Stretch.

Reassessment & Postural **Improvements:**
Lx Flex knee S, @ QL
Lx Lat flex L knee PB
R knee PB

Next Treatment/Management Plan: ~~Lymph~~ MLD for ® calf?
4 Weeks (booked)