Tarrengower Remedial Massage

CLIENT RECORD: Follow-up Consultation

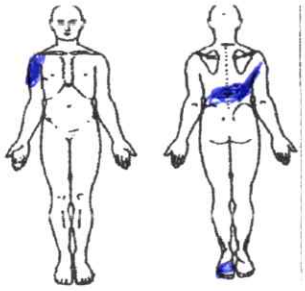
Last Name: GLEESON First Name: FRAN Date 23/9/22

Area Being Treated _____

Current Presentation LOOTRADIOPS:

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

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



L Foot
R Popliteal

Client consent for treatment

Please sign Date

OBJECTIVE EXAMINATION:

Observation:
Review Clamshell ✓

Palpatory **Assessment:**

Treatment:
MFT ESG, LAT Dorsi, Glute Med, Glute Max, H/S, Q, Adductors, Deltoids, UT, lev scap, Splen. cerv. DIP NIRP UT, Glute Med.

Motion tests (Active, Passive, Resisted, Special Tests):

Joint Mob. C2-C6
MFT.
Plantar Fascia.

Advice & Corrective Exercises:
Clamshells
Resisted ext. Rotn.
Quad Stretch
Piriformis Stretch
Towel Scrunch

Reassessment & Postural **Improvements:**

Next Treatment/Management Plan: 2 weeks (booked)
-> biceps long head.