

Tarregower Remedial Massage

CLIENT RECORD: Follow-up Consultation

Last Name: Svensen First Name: Leigh

Date 14/3/24

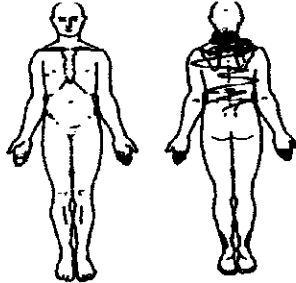
Area Being Treated Post Chain

Current Presentation LOOTRADIOPS:

Has your Clinical Impression changed? Y (N)

If yes _____

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



Client consent for treatment

Please sign Leigh

Date 14.3.2023

OBJECTIVE EXAMINATION:

Observation:	Motion tests (Active, Passive, Resisted, Special Tests):
Palpatory Assessment:	
Treatment: <u>MFR ilio costalis, longiss, semi spinalis, U/T, lev scap, lat Dorsi White Med, White Mx H/S Calves, Plantar</u>	
Reassessment & Postural Improvements: <u>fascia</u>	Advice & Corrective Exercises: <u>Y/TW Towel scrunch Fore arm flexor Stretch</u>

Next Treatment/Management Plan: Call when needed