

Tarregower Remedial Massage

CLIENT RECORD: Follow-up Consultation

Last Name: McLEAN First Name: NEIL

Date 17/12/22

Area Being Treated _____

Current Presentation LOOTRADIOPS:

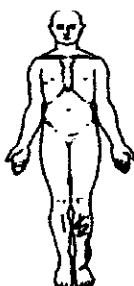
Has your Clinical Impression

changed? Y(N)

If yes _____

Response to previous treatment

(+ve, -veISQ): five



② Gastroc
1 Tib. Ant.
Lateral Malleolus Pain

② ECRL tendinosis

Client consent for treatment

Please sign [Signature]

Date 17-12-2022

OBJECTIVE EXAMINATION:

Observation:	Motion tests (Active, Passive, Resisted, Special Tests):
Palpatory Assessment:	
Treatment: Stripping ECRL, ECRB DIP MTIP ECRL, ECRB MFTT ESQ, GluteMed, GluteMax H/S, Gastroc, Tib ant.	Advice & Corrective Exercises:
Reassessment & Postural Improvements:	

Next Treatment/Management Plan: 4 weeks (booked)
Book earlier if required.