

Tarregower Remedial Massage

CLIENT RECORD: Follow-up Consultation

Last Name: M'LEAN First Name: NEIL

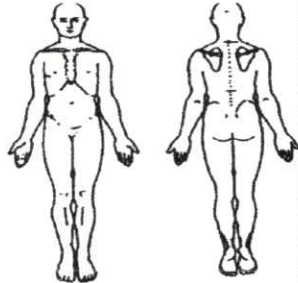
Date 14/1/23

Area Being Treated _____

Current Presentation LOOTRADIOPS:

Has your Clinical Impression
changed? Y N
If yes _____

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



@ Leg & LB.
call ↑ LB
lateral & call
@ Gumbo

Client consent for treatment

Please sign _____

Date 14-1-23

OBJECTIVE EXAMINATION:

Observation:	Motion tests (Active, Passive, Resisted, Special Tests):
Palpatory Assessment:	
Treatment: <u>MFTT TLF</u> <u>Gute Med, Gute Max,</u> <u>H/S, calves,</u> <u>Stripping - ITB</u> <u>DIP MTRP Gute Med, Gute</u>	Advice & Corrective Exercises:
Reassessment & Postural Improvements: <u>max</u>	

Next Treatment/Management Plan: 2 weeks (booked)